(VR A 15 (4))

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I. DECE AS	SED NAME FIRST		MINER'S CERTIFICATE OF	REG. NO.	
	Micha	nel Steven	Allen	29. DATE KNOWN X MONTH OF ESTI- DEATH MATED 3	21 ₁₉ 80
3 SEX	4. RACE	5 DATE OF BIRTH NONTH DAY YEAR LAST B	IN YEARS IF UNDER 1 YR. IF UNDER 24	HRS. 2c. DATE MONTH PRONOUNCED DEAD 3	21 19 80 11:00 AM
70. BIRTHE	PLACE STATE OR NO LAND	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED DIVORCED	9. BALTIMORE CITY OR COUN Prince George	's County, MD.
NOAL	CHEVERY O	11 NAME OF HOSPITAL, NURSING H (IF NOT IN SUCH FACILITY, GIVE STREET ADDR Baltimore-Washing	ton Parkway	20. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Orderly	V. A. Hospita
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	R'S NAME FIRST Cnest	MIDDLE LAST FORD	15. MOTHER'S MAIDEN FIRST Violet	WIDDLE	shall
16a. WAS	DECEASED EVER IN U.S. ARM		URITY NO. 17. INFORMANT	Allow 654 King	
	Conditions, if any, which gave rise to immediate cause (a) stating the <u>underlying cause last.</u> T 2 DTMER SIGNIFICANT CONDITIONS C	(b) DUE TO, OR AS A CONSEQUENCE (c) ONTRIBUTING TO DEATH BUT NOT RELATED TO THE	ICE OF TERMINAL DISEASE OR CONDITION GIVEN IN PART 1	I (ø).	
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	EXTERNAL CAUSE WAS DERLYING OR NTRIBUTING CAUSE OF D	21b. TIME OF INJURY HOUR A.M. MONTH DAY P.M. 3 21	YEAR	tenter nature of injury in item 18 part 1 or p.	
W 144	INJURY OCCURRED HILE NOT WHILE TO NORK	21e PLACE OF INJURY (AT HOA STREET, FACTORY, FARM, ETC.) STREET	STREET	nington Pkwy., Pri	nce George's, Mo
de		a of the remains described above, held at causes , Accident ,	Suicide , Hamicide ,	Undetermined manner , MEDICAL EXAMINER SIGN	
EXA	MINER'S NAME Virgi	nia L. Dolan, M.D	• ADDRESS	111 Penn St	treet
(TYI	CORPRINT)				

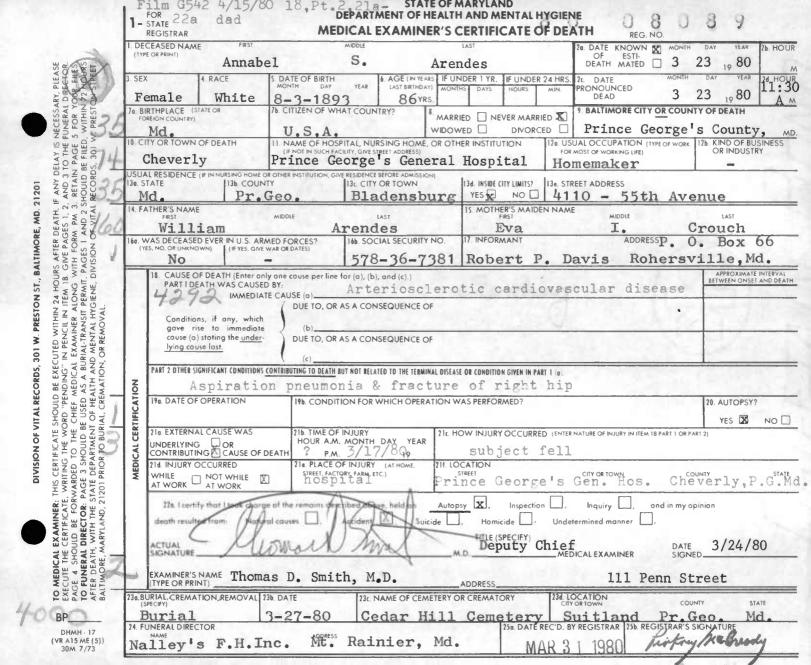
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E 2 7		y or town o Chever 1		11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET A Prince George's	HOME, OR OTHER INSTITUTION DDRESS) (DOA) General Hospital	120. USUAL OCCUPATION (TYPE) FOR MOST OF WORKING LIFE)		BUSINESS
SHOULD SH	SUA SOLST	RESIDENCE (FIN NURSING HOME OF	OTHER INSTITUTION, GIVE RESIDENCE BEFOR		130 STREET ADDRESS EAST	ten Av	e.
	4. FA	THER'S NAME	liam	MIDDLE ANJER	15. MOTHER'S MAID	EN NAME MIDDLE	Butts Tast	
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		CAUSE OF	DEATH (Enter anly	r ane cause per line far (a), (b), and	(c).)		APPROXIM BETWEEN ON	ATE INTERVAL
VAL.	1	799		CAUSE (a) Undete				Transit .
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			ta immediate stating the <u>under-</u> e last.	DUE TO, OR AS A CONSEOL	JENCE OF		/ A 850	75
CREMATION, OR	z	PART 2 OTHER SIG	NIFICANT CONDITIONS <u>C</u>	DNTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE OR CONDITION GIVEN IN PA	ART 1 (a).		
	CERTIFICATION	190. DATE OF	OPERATION	19b. CONDITION FOR WHIC	H OPERATION WAS PERFORMED?		20 AUTOPS	SY?
	TIFK						YES C	NO [
3	CAL CER		OR G CAUSE OF D	21b. TIME OF INJURY HOUR A.M. MONTH DAY EATH P.M.		ED (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2}	
	MEDICAL	21d. INJURY O WHILE AT WORK	CCURRED NOT WHILE AT WORK	218. PLACE OF INJURY (AT STREET, FACTORY, FARM, ETC.)	HOME, 21f. LOCATION STREET	CITY OR TOWN	COUNTY	STATE
			that I taak charge	af the remains described above, he	sld an <u>Autopsy</u> X, Inspectia	Undetermined manner ,	nd in my apinian	
BALTIMORE, MARYLAND,		ACTUAL SIGNATURE _	Ungene	a ZDolan MI	M.D. Assistan	MEDICAL EXAMINER	DATE 3/22/	′80
LTIMON		EXAMINER'S N	11)	ginia L. Dolan,	M.D. ADDRESS		nn Street	
	(\$1	PECIFY)	ION,REMOVAL 23	5. DATE 231. NAME 3/26/80 P. C.	OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN Starton	COUNTY	STATE
2	4. FL	NERAL DIRECT	& Lik	USS 2332 W	North Ace M	AR 2 8 1980	in fary	ody

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	CEASED NAME	FIRST		MIDDLE	LAST	26.	DATE KNOWN	MONTH	DAY YEAR 2
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	orth Car		U.S.		WIDOWED DIVER OR OTHER INSTITUTION	ORCED	Prince Ge	orge	S County
			(IF NOT IN SUCH FAC	LITY, GIVE STREET ADDRESS)		FOR MOS	T OF WORKING LIFE)	PE OF WORK	OR INDUSTRY
USU.	heverly	I NURSING HOME OR	Prince Ge	orge's Ger	eral Hospita	1 Hou	sewife	1.34	Tenent
130	aryland	13b COUNT	Y	13c. CITY OR TOWN	13d. INSIDE CITY LIM	ITS2 136 STREET	ADDRESS		Dona
-	ATHER'S NAME	ыште	Arundel	Lothian	YES NOTHER'S A		Brooks	MOOG	noad
7.1	James		MIDDLE	Davis	FIRST		WIDDLE	Do	LAST
Ιόα.	WAS DECEASED EV	ER IN U.S. ARM	ED FORCES?	166. SOCIAL SECURIT	Rub	У	ADDRESS		ece l Brook
(YES, NO, OR UNKNOWN)	(IF YES, GIVE W	AR OR DATES)		Raymon	d J. Ar	germier		Rd.L
_		EATH (Enter only	one couse per line f	or (o), (b), and (c).)				,	Md.20
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		ting the <u>under</u> -	<	S A CONSEQUENCE	OF		37 11 (5.5)		
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IFICATION		ERATION	19b. CONDITI	ON FOR WHICH OPE	RATION WAS PERFORMED	?			20. AUTOPSY?
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AL CERTIFICATION	19a. DATE OF OP 21a EXTERNAL C UNDERLYING	AUSE WAS	21b. TIME OF HOUR A.M.	NJURY MONTH DAY XEA	21c HOW INJURY OCC	URRED (ENTER NATI		BPART 1 OR PAR	YES 🛣
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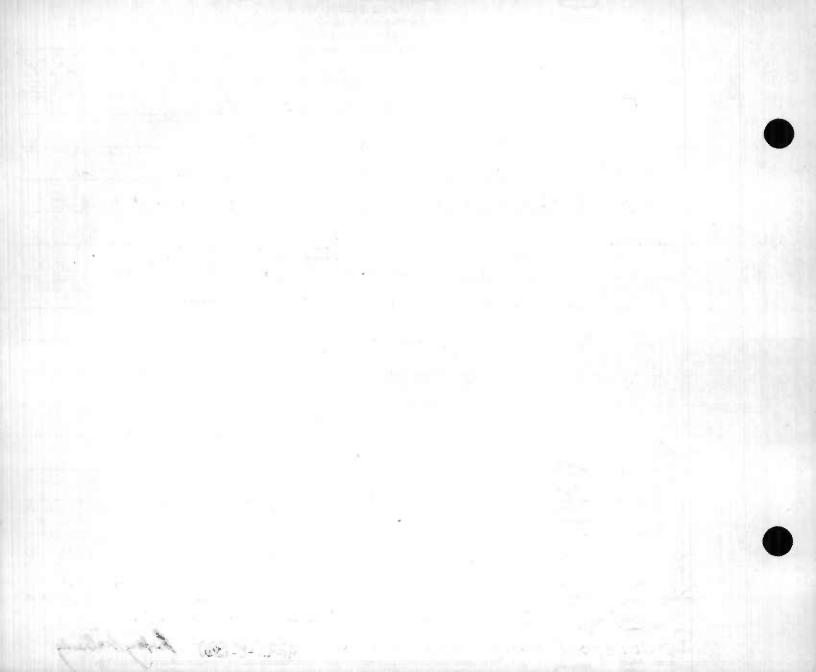
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		Y OR TOWN OF DEATH Cheverly	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STI Prince George	e's Hospit		FOR MOST OF WORK	ATION (TYPE OF W	OR INDUSTR	SINES !Y
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+	6a W	AMES AS DECEASED EVER IN U.S. ARA		RIDA IAL SECURITY NO.	MARY 17. INFORMANT	1.	ADDRESS	RILE	8
	{YE	S. NO. OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)	14	JAMES A.	ARIDA	SAME	AS # 1-	3
		Conditions, if any, which gave rise to immediate couse (a) stating the underlying couse last.	DBY: TE CAUSE (o) Acute DUE TO, OR AS A CONS (b) DUE TO, OR AS A CONS (c) (c)	epiglotti SEQUENCE OF				APPROXIMATE BETWEEN ONSET	AND DI
		PART 2 OTHER SIGNIFICANT CONDITIONS O	CONTRIBUTING TO DEATH BUT NOT RELAT	ED TO THE TERMINAL DISEA	SE OR CONDITION GIVEN IN PA	RT 1 (a).			
	CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION FOR V	VHICH OPERATION V	WAS PERFORMED?			20. AUTOPSY?	NO
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- 1			e of the remains described obov	re, held on Auto	ncy X, Inspection	Inquiry Undetermined mo		my opinion	
2		ACTUAL SIGNATURE EXAMINER'S NAME (TYPE OR PRINT) Marga	pote One You	el ,	ADDRESS 111	MEDICAL EXAM	INER S	3-31-8 SIGNED_3-31-8	0

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20	FOR STATE REGISTRAR			DEPART	MENT OF H	OF MARYLAND EALTH AND MENT CATE OF DEAT		NE) ()	8 0	9	1
oth oth	I. DECEASED NAM (TYPE OR PRINT)	Silas		MIDDLE Keith	Arn	old	1 1	March 23		YEAR	26 HOUR 1:19A.
b g g	3 SEX		4 RACE		S. DATE C	F BIRTH		. AGE (IN YEARS LAST BIR		UNDER I VEAR	IF UNDER 24 HRS
(PM)	Male		Whit	:e	Jun	e 14. 191	YEAR	62	YRS.	NIHS DAYS	HOURS MIN
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AND 215		d Pr.	other institution TY Geo's	Bladens	eburg	13d Inside City Lij Yes 🔼 No		304 STREET ADDRESS	óth Ave	nue	
MARYL ted within ompletely and 2 sl	Sila		C.	Arnold		15 MOTHER'S MAI Greta	IDEN NAME	WIDDLE		Madden	3T 1
be executor on and control or secontrol or s	160 WAS DECEASE (YES, NO OR UNKNO NO	D EVER IN U.S. ARA	MED FORCES? WAR OR DATES)	245 05 2		Frances	Arno	ld Samex	as #13	(Wif	ſe)
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN. The low requires that the death certificate be executed within 24 hours in oftending physician and completely filled in by as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed in by as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed in by as the burial-transit permit, and make the property of the property	gove rise couse (o), underlying PART 2. OTH	if ony, which to immediate stating the cause lost	(b)	OR AS A CONSEOL	ENCO	HANNOT RELATED TO T	THE TERMIN	VOSLS	acule acule	1 IN PART 10	Min
AL RECOR	NOTE OF 190 DATE OF 210. ACCIDENT	OPERATION E	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	D	200 AUTOPSY? YES NO X	20b. IF YES, V IN CERTIFYIN	NG CAUSES	NGS USED OF DEATH?
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DIVISION ING PHY After this t as the but Ith and M Darked or EX.	(IFEITHER, NOT 21d. IN JURY C WHILE AT WORK	MOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE,	FARM, ETC.)	21f. LOCATION STREET		CITY OR TO	wn	COUNTY	STATE
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TO HOSPITAL OR A retained by the hosp TO FUNERAL DIREC should be detached with the Stote Dept.	(C) C (C) (C) (C) (C) (C) (C) (C) (C) (C	WILLIAM ON THE ON	00000	Koss	017	ATTEN PHYSI 21 ADERESS	IDING ICIAN	MEDICAL STA	FF CIAN [3/2	4/80
TO HOSPI retained to TO FUNE should be with the S		liam D.	Rosson	n, M. D.		85	5th A	venue, Ne	w Carı	ollton	a, Md.
OU BP	230. BURIAL, CREM.	1	23b. DATE Mar 2	6 , 1 980		METERY OR GREAT		23d. LOCATION CITY OR TOWN Brentwo	od2Pro	Georg	es Md
DHMH - 16 50M 1/76 (VR A 15 (4))	Francis	Gasch's	Sons,	PA Hyat	tsville	, Md.	MAKER	ECO. BY EUTRAR	penergaray.	MAN TO SAL	W.

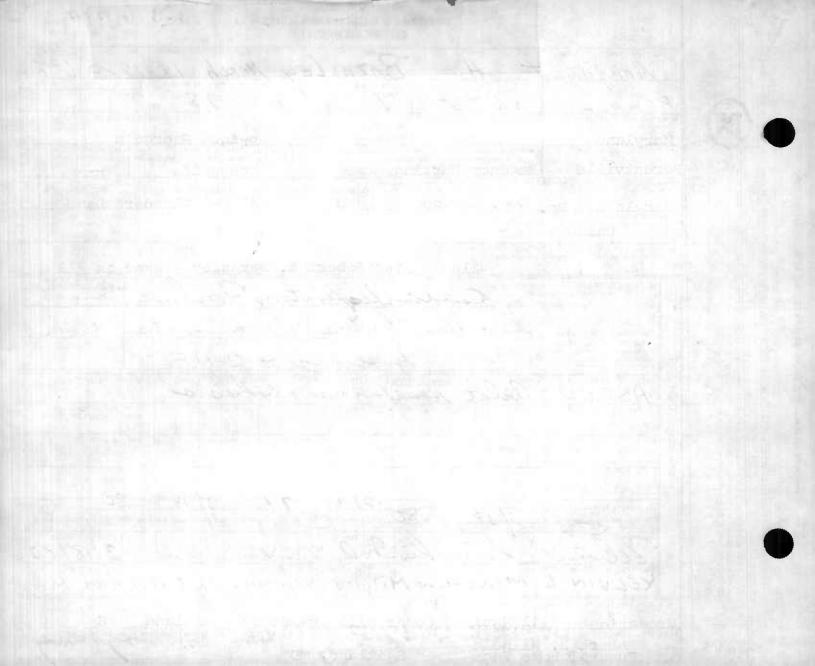
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		EASED NAME OR PRINT)	FIRST	WIDDLE	LAST	20. DATE KNOWN AMON	TH DAY YEAR 2b. HOUR
50.575	1		TONINO	NMI	BARBARO	DEATH MATED 3	28 10 88 1:22P
	3. SEX	MALE WH	ITE SEPT	1910 69 YRS.	IF UNDER 1 YR. IF UNDER	24 HRS. 21. DATE MON PRONOUNCED DEAD 3-2	8 19 80 D M
NECESSA WITHIN WITHIN S FOR	FOR	THPLACE (STATE OR EIGH COUNTRY) TTALY	U.S		AARRIED HEVER MARR	ED D frince (780)	MD.
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21201 IF ANY DI 2, AND 31 3. RETAIN 1. RECORD	MAI	ATE RYLAND 138	PRINCE GEO	ON, GIVE RESIDENCE BEFORE ADMISSION) 134 CITY OR TOWN CAMP SPRINGS		13e. STREET ADDRESS 5310 REDD LANI	
MD ATH		THER'S NAME GIUSEPPE	NMI	BARBARO	15. MOTHER'S MAIDI PAOLA	NMI	MARCIANO
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토 포함유니이라	CERTIFICATION	190. DATE OF OPERATION	ON 19b. CO	NDITION FOR WHICH OPERATI	ON WAS PERFORMED?		20. AUTOPSY? YES NO NO
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TO N EXEC PAGE TO F AFTEI BALT	23a.BU	RIAL, CREMATION, REM		23c. NAME OF CEMET		23d. LOCATION CITY OR TOWN	OUNTY STATE
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE REGISTRAR DECEASED NAME 20. DATE KNOWN DAY 7b. HOUR (TYPE OR PRINT) OF ESTIlarence E. 19 80 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE PRONOLINCED 9. BALTIMORE CITY OR COUNTY OF DEATH 70 BIRTHPLACE (STATE OR MARRIED P NEVER MARRIED Maryland USA WIDOWED III. CITY OR TOWN OF DEATH I NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION CUPATION (TYPE OF WORK 112b KIND OF BUSINESS Tile-Setter -Cheverly G. Hospital Disabled JSUAL RESIDENCE (15 IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS 13b. COUNTY 13c. CITY OR TOWN 6310 Gateway Boulevard Md. P.G. Dist. Hats YES [NO [] 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE MIDDLE Sagorske Katie Bartz ADDRESSame as Above IAL SOCIAL SECURITY NO. 17. INFORMANT MAS DECEASED EVER IN U.S. ARMED FORCES? 220-26-2511 Mary N. Baker, Sister Yes 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: de Glus IMMEDIATE CAUSE (a). DUF TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO [] 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e. PLACE OF INJURY (AT HOME. 21f. LOCATION 21d INJURY OCCURRED CITY OR TOWN STREET, FACTORY, FARM, ETC.) COUNTY AT WORK AT WORK 22a. I certify that I taak charge of the remains described above, held an Autopsy Inspection and in my opinion Hamicide Undetermined manner PAGE 4 SHOU TO FUNERAL I AFTER DEATH, BALTIMORE, MA 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL Burial 3-29-80 Epiphany Ch. Cem. Forestville, P.G., Md. 24. FUNERAL DIRECTOR Robt E Wilhelm 4308 Suitland 250. DAW **DHMH-17** (VR A15 ME (5)) Rd., Suitland, Md. Funeral Home 15M 7/76

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		22a. I certify that I t	ook chorge of t		ibed above, held an	Autopsy	Inspection ,	Inquiry 🗀	, and in my op	inion	
		death resulted from:	Noturol car	uses 🛂,	Accident . Sui			etermined monner	, L.,		
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6	1.	FOR STATE REGISTRAR			DEPARTA	AENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IÉNE ()	REG. NO.	8	0 9	8
		CEASED NAME	FIRST		MIDDLE	L	AST	20 DATE OF		ONTH DA	AY YEAR	26 HOUR
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ma)	3 SE		100	4 RACE		5. DATE C		& AGE (INY	EARS LAST ORTHO		# UNDER 1 YEAR	IF UNDER 24 HRS
age 4		Male		whit	e	Jun	e 15,1907 ***	72		YRS.	ONIHS DATS	HOURS MIN
death. P	7• B H	irthplace istate or country agerstown	,Md.	75 CITIZEN OF USA	WHAT COUNTRY?	MARRIE WIDOWE	DENEVER MARRIED DO DIORCED		RECITY OR		OF DEATH COUNTY	, MD.
by the fue ed within	10 C	CHEVERLY	ATH	(IF NOT IN SU	CH FACILITY, GIVE STREET	ADDRESS)	RAL HOSPITAL	(TYPE OF WOR	OCCUPATION K FOR MOST OF V Nker		126 KIND C	enk
filled in uld be fill	USU 13e	AL RESIDENCE (# NUI STATE M.C. •	136 COUI	OTHER INSTITUTION	13c. CHY OR TOW BOWIE	ADMISSION)	134 INSIDE CITY LIMITS?	13.32	ADDRESS Traym	ore L	ane	
cecuted with completely 1 and 2 shown ned 2 shown ned 3 shown ned	14. F.	ATHER'S NAME FIRST Carl Bes	ard	MIDDLE	LAST		Annie Walt		WIDDLE		tA:	51
in and co		WAS DECEASED EVER YES, NO OR UNKNOWN) NO	(IF YES, GIV	MED FORCES? E WAR OR DATES) ONE	225-05		17 INFORMANT Hilda Beard	-wife	ADDRESS	ROM	ie,Md. re Lan	20 7 15
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 DING PHYSICIAN: The law requires that the death certificate be executed within 24 hou attending physician. After this certificate has been signed by the attending physician and completely filled in b is the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed the and Mental Hygiene prior to burial, cremation, or removal. marked or Item 18 shows any injury, or other traumatic event, the medicule examingr must	NOI	Conditions, if any gove rise to imcourse ioi, stati underlying covs	mediate ng the e lost	DUE TO, O	ONTRIBUTING TO D	HEATH BUT	alus not su a techno the term	and	am	Men	N IN PART 11	
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esteen aykook anning Set. P. A. Jee. e Chamble .D. I .DE8 Sor of there's . S. S. Little of Little Setair 77 40 TS N ----Lievesing mercel Atting man, Are. L.C. Mark. D. . TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and campletry filled in by should be detached for use as the busiol-transit permit. Then please remove carbonpopers. Pages I must always having the should be tremoved in removal.

		FOR - STATE REGISTRAR		STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO	: 0		
	1. DE	CEASED NAME FIRST	WIDDLE	BERICK	20 DATE OF DEATH MONTH	OAY YEAR 26 HOUR		
	3. SE		LARACE	Is DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	MARCH 1980 1 A A AGE (IN YEAR LAST BIRTHDAY) FUNDER 1 YEAR OF UNDER 24 ARS		
	3. 31	Male	Caucausian	MONTH DAY YEAR OF		MONTHS DAYS HOURS MIN		
8.0		IRTHPLACE STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY?		BALTIMORE CITY OF COUNT	TY OF DEATH		
\$27		NEW YORK	USA	WIDOWED DIVORCED		ORGES MD.		
170	10.C	VATTSVILLE	(IF NOT IN SUCH FACILITY_GIVE STREET	NG HOME OR OTHER INSTITUTION ADDRESS) HYATTSVILLE	120 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING Civil Servant	LIFE) 126 KIND OF BUSINESS OR INDUSTRY New York City		
35		AL RESIDENCE (IF NURSING HOME OF TATE 13 DOOL 13 DOOL 13 DOOL 13 DOOL 13 DOOL 14 DOOL 15 DOOL	TROTHER INSTITUTION, GIVE RESIDENCE BEFORE JUSTY TEGOMETY SILVER S	E ADMISSION) /N113d_INSIDE CITY LIMITS?	13e STREET ADDRESS 2316 COLSTON			
150		HARRY	BERICK	DEENA	MIDDLE	ANDERSON		
Z medico		NAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? 166 SOCIAL SECU VE WAR OR DATES) 066-03-4		Buckler Same	as No. 13		
r troumotic event, th		PART I. DEATH WAS CAUS	DUE TO, OR AS A CONSEQUE	ence of lengthic Can	distribute Dis	APPROXIMATE INTERVAL BETWEEN OMSET AND DEATH AND LOCAL AND LOCAL		
y injury, ar athe	TION	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO E	DEATH BUT NOT RELATED TO THEFTER DISEASE ON	1 10/1	engery-		
2	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED OF DEATH? YES NO NO		
121 is marked ar Item 18 sh		? a ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [CAUSE OF DE		AY YEAR 19	RRED (ENTER NATURE OF INJURY IN ITEM 18), PART 1 OR PART 2)		
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	FARM, ETC.) 211. LOCATION STREET	CITY OR TOWN	COUNTY STATE		
		sow the deceased alive a	n	ond that in (my) (corr opinion	, to Masue. In deoth accurred on the date and h	our and from the couses stated		
IT: If hen		Leorge 1	3 Patrick	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	3-1-80		
MPORTANT		GEONGE	B. PATA; ctt, J	TMD 9221 Col	esville, Silver	Spring, Wil		
3	230. (BURIAL, CREMATION, REMOVA SPECIFY) BUrial		NAME OF CEMETERY OF CREMATORY Verside Cemetery	Rochelle Park	COUNTY STATE New Jersey		
76			d M. Stein Hebrew			1 / Milledy		

Washington, D.

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retained by the hospital or attending physician.

The state of the s AND THE STATE OF STATE AND ASSESSMENT OF THE STATE OF THE Market Control of the

TO HOSPITAL OF ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours after death. Page 4 meterolined by the hospital or attending physician.
TO FUNERAL DIRECTOR, after this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use of the burnel from the proposers remove corbanapers. Pages 1 and 2 should be filed within 72 hours after death the second of the filed within 72 hours ofter death the second of the
with the State Dept. or regain and maintain hygiene prior to boring, cremotion, or removal. [MPORTANT: If Hem 2] is marked or Hem 18 shows any injury, or other traumatic event, the medical examiner must be notified at once.
337435

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR STATE REGISTRAR			REALTH AND MENTAL HYG FICATE OF DEATH	REG. NO.	1 0	2
I DECEASED NAME FIRST	MIDDI	E	LAST	26 DATE OF DEATH MONTH	DAY YEAR	26 HOUR
(TYPE OR PRINT)	SARAH	E. B	EVILL	03-0	3-80	3:45 PM
3 SEX	4 RACE		OF BIRTH	6. AGE IN YEARS LAST BIRTHOAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
female	white	Ma:	y 24, 1911 1	68 YRS	MONTHS DAYS	HOURS MIN
78. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHA	AT COUNTRY?		9 BALTIMORE CITY OR COUN		7,0
South Boston	Va. USA	MARRIE	D NEVER MARRIED DIVORCED	PRINCE GEORGE	15	MD.
CHEVERLY	LIFINOT IN SUCH FAI	PITAL, NURSING HOME (12a USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING housewife		OF BUSINESS OR
	DUNTY 13c	RESIDENCE BEFORE ADMISSIONS CITY OR TOWN Shady Side	134 INSIDE CITY LIMITS?	13s STREET ADDRESS 4932 Lerch Dr.		
14 FATHER'S NAME	WIDDLE	LAST	15. MOTHER'S MAIDEN NA		LAS	
Simmie		Tuck	Rebecca		Stever	ns
160 WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES,	ARMED FORCES? 16b GIVE WAR OR GATES)	SOCIAL SECURITY NO.	17 INFORMANT	ADDRESS		
no	22	24-10-2466	Mildred We:	ir 12 9 30 Starlig		Bowie Md.
7 4	NT CONDITIONS CONT	RIBUTING TO DEATH BUT	gestines of	20a AUTOPSY? 20b. IF Y	IVEN IN PART 1(SCHOOL ES, WERE FINDIT IFYING CAUSES YES	NGS USED
21a. ACCIDENT WAS UNDERLYING			21c HOW INJURY OCCUR	RED JENTER NATURE OF INJURY IN ITEM 1		110
	DEATH	MONTH DAY YEAR				
OR CONTRIBUTING CAUSE OF	21a PLACE OF I		211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
22a.1 certify that (1) (this he saw the deceased alive	-	00		to 3 - 3		that (I) (Me) lost
obave, (1) (we) (did) (did		r death.		death accurred on the date and h		
27b. SIGNATURE	Custofo	in my	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE	3-FO
776 PHYSICIAN'S NAME (TY	RISTOFU	in large	22R ADDRESS 3327 Boule,	Superior La md. 20715		
230. BURIAL, CREMATION, REMOV			EMETERY OR CREMATORY	236. LOCATION CITY OR TOWN	COUNTY	STATE
Burial	3/7/80	Woodfie	el Cemetery	Galesvill		arn's
74 FUNERAL DIRECTOR	1 0, 1, 00	1100011	126 641	TE DECID BY DECISTRADIAN DECI	CHAP'S SICALA	Nine -

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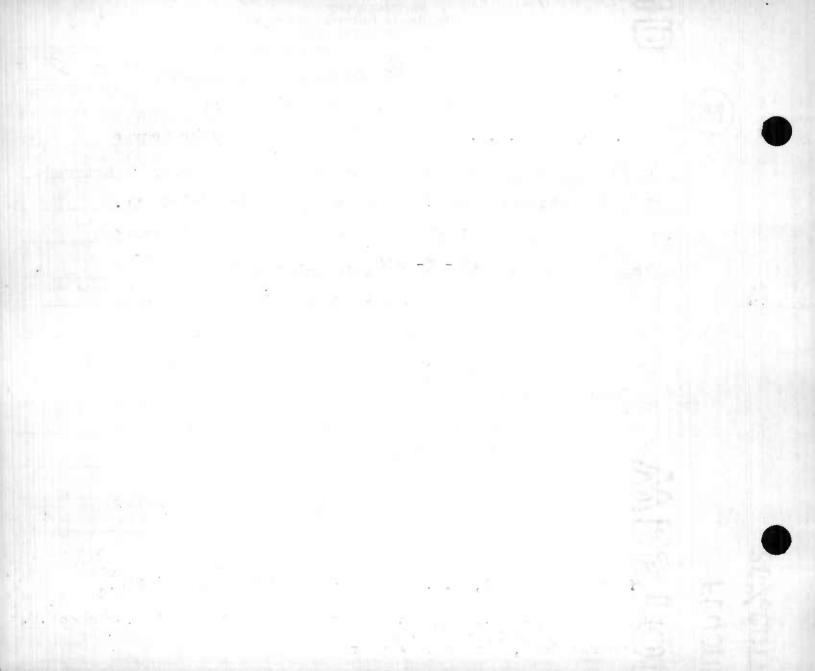
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Home, Clinton.

(VRA 15, 4) 7/7B

STATE OF MARYLAND

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1.0	FOR STATE REGISTRAR DECEASED NAME TYPE OR PRINT)	2/10/81 FIRST		PEPARTMENT OF HE	R'S CERTIFICA	TE OF DEA	20. DATE KNOWN OF ESTI-	X MONTH	DAY YEAR 30 80	2 b HOU
ON STREET,	female	black	May 15	E. 6. AGE (IN YEARS LAST BIRTHDAY) YEAR YEAR YEAR YEAR		UNDER 24 HRS.	24. DATE PRONOUNCED DEAD	монтн	30 19 30 19	74 157
270 r	BIRTHPLACE (ST. FOREIGN COUNTRY) New Ber CITY OR TOWN C	n, N.C.	76. CITIZEN OF WH.		WIDOWED D	NOKCED L	9. BALTIMORE CIT Prince Ge	orge's		JM.
740	Cheverly		Prince G	E RESIDENCE BEFORE ADMISSION	Hospita1	FOR	Mousew:	ife	OR INDUS	
5 130	Md.	PG		Landove:	r 13d. INSIDE CITY LI	40 🗆	12DDREE as	t For	est Rd	•
0		am Forbe		LAST	Mabl	MAIDEN NAME Le Foye			LAST	
1 160	YES, NO, OR UNKNOY	EVER IN U.S. ARM		242 72 7			kwell s			TE INTERVAL
	10			AS A CONSEQUENCE OF						
Z	gave ris cause (o) lying caus		(c)	AS A CONSEQUENCE OF		VEN IN PART 1,(q).				
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AND MALE AND THE WART iduced a language of the state Ad. 18 Lendbyer L 7 1012 East Primert Ed. eft as gag of tever Blackell seme us 13m Blistone was the land of the season of the land of the season of and the second s Manager Tonerol Home 1661 your Book 24. APR 7 1919 Forenol Home

a Pulpage 120 Canada Ca dale. Trat tr mer trans trate of the Maryland, Prince Conzent - Interesting only . metal 25 Burney J. Branden. Convo Yes. Towns. 720-00-5674 Minkless . Franden. 13a Burdal. 3-27-1980 Fort Landi Pladinshire Pin. 2. 400

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3		EGISTRAR	FIRST	MED	DICAL EXAM					REG. NO			
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	sex ma	le neg	gro	DATE OF BIRTH	YEAR LAST BIR	YEARS IF UNDI	DAYS HOURS	DER 24 HRS. 2	RONOUNC DEAD	ED	монтн 3	DAY	YEAR 24-HO
5	FORE	THPLACE (STATE OR IGN COUNTRY) Saryland		U.S.	Α.	WIDOWED		RRIED A	Prince	Geor	rge's	Co.	
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C	aı				Johnson	15,12	Marga		MIDE			Bro	k s
16	(YES	AS DECEASED EVER I	N U.S. ARME (IF YES, GIVE WAI		16b. SOCIAL SECU		Margar	t Broo		ADDRESS SSA	-	AA	
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ŀ		lying couse lost.		(c)	AS A CONSEQUENC					074			
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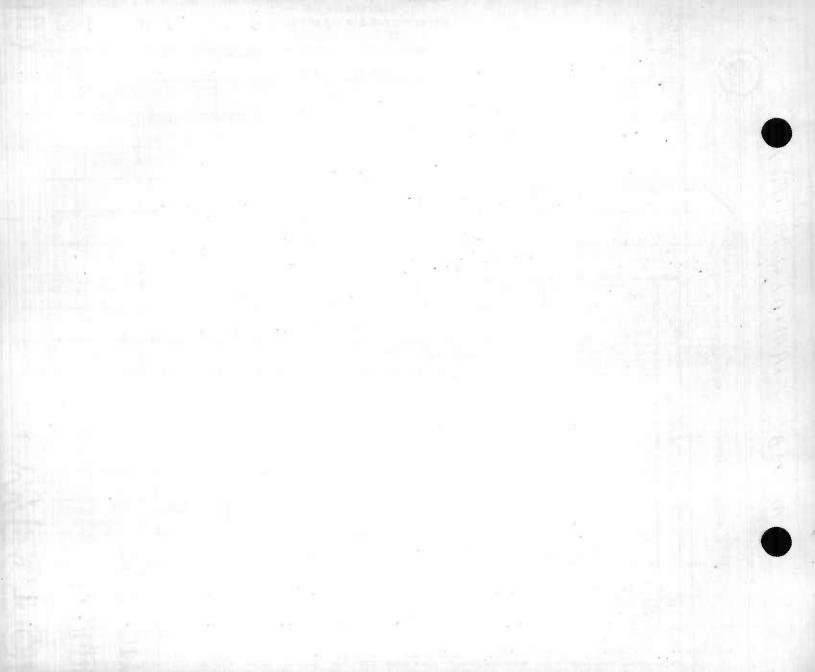
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1.00	STATE OF MARYLAND
X.	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE OF STATE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.
7	DECEASED NAME FIRST MIDDLE LAST 20. DATE KNOWN MONTH DAY YEAR 126 HOUR
SXXXL	(TYPE ORPRINT) William A. Burd DEATH MATED 3-11/1980
200 PM	Make White 5. Date of BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 26. DATE MONTH DAY YEAR 26 HOURS MIN. PRONOUNCED DEAD 3-11 1980 32 N
一 经通过分	70. BIRTHPLACE STATE OR FOREIGN COUNTRY? N. XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
1	Scotland USA WIDOWED & DIVORCED Printer Grenzy MD
PAGE PAGE PAGE S 301	Lanham Doctors' Hospital of Pr. Geo. Co. FOR MOST OF WORKING LIFE) OR INDUSTRY Motel
CORP 3	JSUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 36. STATE 136. COUNTY 136. CITY OR TOWN Aryland Prince Georges Greenbelt YES X NO 0 6108 Breezewood Court
IAL F	14 FATHER'S NAME FREST MIDDLE LAST FREST MIDDLE LAST
RE, M	Edgar Burd Annabella (unknown)
0 4 4 7 7 7	160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 100. SOCIAL SECURITY NO. 117. INFORMANT ADDRESS 132-01-7449 Dorothy Burd-daughter-(same as 13e)
BALTIM URS AFTE 3. GIVE P WITH FC PAGES DIVISION	no none 132-01-7449 porotny Burd-daughter- (same as 13e)
301 W. PRESTON ST., CUTED WITHIN 24 HOI IN PENCIL IN ITEM 18 IR EXAMINER ALONG JRIAL'RANSIT PERMIT UD MENTAL HYGIENE, I, OR REMOVAL.	PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (Splanefic and Methods Western Canded Vascullar and Death
ORDS, 30 SE EXECUTED SING." IN SEDICAL BY A BUR TH AND ATION, O	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 0
L RECORE DUE BE E "PENDIN" PENDIN EF MEDIC SED AS	I 190. DATE OF OPERATION IN CONDITION OR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY?
TAL REAL HOULD RD "PEI NO "PEI	YES NO X
CATE S THE WO THE UID BE	216. EXTERNAL CAUSE WAS 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
SHOP	UNDERLYTING OR CONTRIBUTING OR CONTRIBUTING OR 21d INJURY OCCURRED 21d INJURY OCCURRED 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE
DIV E, WRITIN RWARDE PAGE 3 STATE DI	WHILE NOT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE AT WORK
AINER: TI FICATE, V SE FORW CTOR: PA THE STA	22a. I certify that I taak charge at the remains described abave, held an Autapsy . Inspection . Inquiry . and in my apinian death resulted frage: Natural causes . Accident . Suicide . Hamicide . Undetermined manner .
NI EXAM HE CERTING HOULD BE HAWITH MARYL,	ACTUAL ACTUAL SIGNATURE DATE 3-11-80
MEDICAL ECUTE THE (SE 4 SHOULE FUNERAL ITEM DEATH, ITE	EXAMINER'S NAME Augusto B. Royriguez M.D. 5009 Rayburn Ct., Camp Springs Md.2003
TO ME TO ME TO FUR AFTER BALTIM	236. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY COUNTY POR COUNTY PAIR COUNT
BP	Burial 3-14-80 St. Daniels Cemetery Heidelberg Berks Pa. 24. FUNERAL DIRECTOR 25. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE
DHMH - 17 (VR A15 ME (5)) 15M 7/76	Warner E. Pumphrey, Inc Clark Ellison 17 1980 Pintry heliday

C. In the section of the section of

7 (m)	1 -	FOR STATE REGISTRAR		DEPAR	TMENT OF H	OF MARYLA EALTH AND A ICATE OF D	MENTAL HYG	IENE U	0 8	1 1	0
		CEASED NAME FIRST THOMAS	R	AIDDLE		ROUGS	HS	20 DATE OF DEATH	MONTH [BO YEAR	2: 21P.M.
ge 4 mo	3. SE	Male	RACE Caucasia	an	5 DATE C		99,	6. AGE (IN YEARS LAST		IF UNDER 1 YEAR	
nerol dir in 72 hou	C	RTHPLACE (STATE OR FOREIGN	U.S.A	WHAT COUNTRY	? 8 MARRIEI WIDOWE	D NEVER A	AARRIED	Prince Ge		OF DEATH	MD.
by the full filled with	С	ty or town of death Linton	Southern	HOSPITAL, NURS H FACIUTY, GIVE STREE N Mary La	nd Hos	r other inst pital	NOTUTI	TYPE OF WORK FOR MOS	ATION STOF WORKING LIF ST	12b. KIND (E) INDUSTRY	OF BUSINESS OR
AND 212 24 hourst be must be	USU 130	AL RESIDENCE (IF NURSING HOME OF LIGHTE LIGHT COUPLING TO LIGHT CO	other institution.	Forrest	WN VIILE	130. INSIDE CI	NO [304 Malde	s n Lane		
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ALTIMORE, Te be execut te be execut scien and co sers. Pages 1 the medical	Ión V	VAS DECEASED EVER IN U.S. AR VES. NO OR UNKNOWN) (IF YES, GIV	MED FORCES? E WAR OR DATES)	578-46-		Ada I	Burrou	ghs La	ar Ro	a, Md	t.3,B184
RDS, 201 W. PRESTON ST EXAM 17 (requires that the death certi- requires that the attending p. Then please remove corbon in to burial, cremotion, at ren injury, or other froumatic ev	NOI	Conditions, if ony, which gove rise to immediate couse 101, stating the underlying couse lost. PART 2 OTHER SIGNIFICANT Consults of the couse 101 of the couse	DUE TO, OF	R AS A CONSEO	UENCE OF	Acnn	e Myo	CHRDIAL'			lo:
TAL RECORDS, The low requir fictor is been signification of the state	CERTIFICATION	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING		TION FOR WHIC	H OPERATIO			YES NOTE NOTE OF IT	IN CERTIF	YING CAUSE	NGS USED S OF DEATH?
DIVISION OF VITAL M. E. O. (C. A. U. N. DING PHYSICIAN; The Controlling physician states and the centrolling of the controlling of the control of the contr	MEDICAL C	OR CONTRIBUTING CAUSE OF DE. IF ETHER, NOTIFY MEDICAL EXAMINER! 21d INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 22a I certify that (I) (this) hosp	21e PLACE ((AT HOME, STR	M. MONTH M. OF INJURY REET, FACTORY, OFFICE	19 FARM, ETC.)	21f LOCATION STREET		CITY OR		COUNTY	STATE , that (I) (we) lost
O HOSPITAL OF ATTER- eformed by the hospital TO FUNERAL DIRECTOR should be detached for a with the Stote Dept. of H MPORTANT; if them 21 is		sow the deceased live on above, (I) (we) (did not some sign of the source of the sourc	And RPRINT)	ofter death.		PEGREE A	TTENDING PHYSICIAN S	DIRECTOR PHY	TAFF SICIAN 🗌	22c. DAT	E SIGNED
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DHMH-16 20M (VRA 15, 4) 7/78	_	UNERAL DIRECTOR	12.2.	AOORESS		wn,Md	25e. DATE	REC'D. BY REGISTRA	AR 256. REGIST		TURE



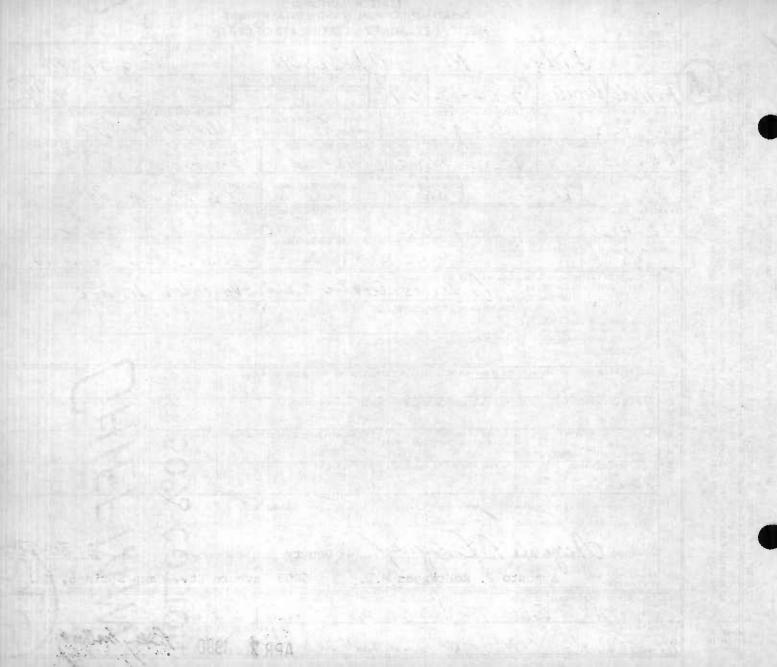
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PAGE 74	0	hevelly	pince 1	CRITY, GAR STREET ASSESSED	, Olhow, 601	man Ho	usewife	OR INDI	me
TAIN CORDS		L RESIDENCE (IF IN NURSING HOM		NE RESERVES METORS ADMINISTRA	A Milar	1			
21201 IF ANY DEL 2, AND 3 TG 3. RETAIN, B SHOULD BE IL RECORDS,	13a S		Georges	College Par	13d. INSIDE CITY LIV	13. STREET AC 9515	Hemlockhi	11 ave.	
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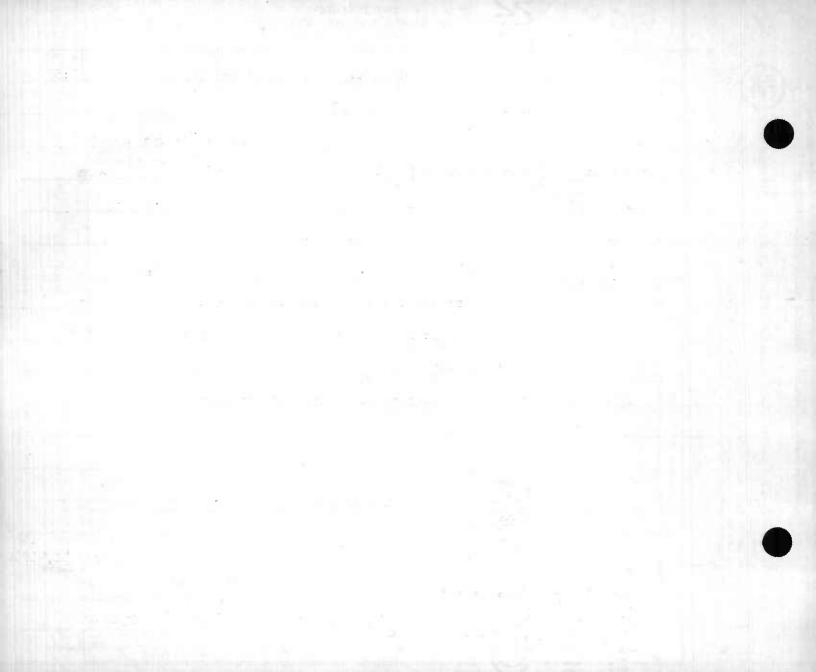
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MINER FOR PG COUN: The law requires that the death cert e has been signed by the attending ph remit. Then please remove carbon pa ene prior to burial, cremation, or rem shows any injury, or other traumatic	CERTIFICATION	Conditions, if ony, whi gove rise to immedia couse tot, stating to underlying cause to PART 2 OTHER SIGNIFIC	AUSED BY EDIATE C ch site he sst	DUE TO, O (b) DUE TO, O (c) DUE TO, O	IR AS A CONSEQUER AS	ENCE OF ENCE OF	NOT RELATED TO THE T	TERMIN	NAL DISEASE OR CONC. 200 AUTOPSY? YES THE NOT	206. IF YES		NGS USED
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OR Head		22a I certify that (1) (this sow the deceased al	hospital)		19		d that in (my) (our) opin	nion de	, to eath occurred on the do			that (1) (we) last couses stated
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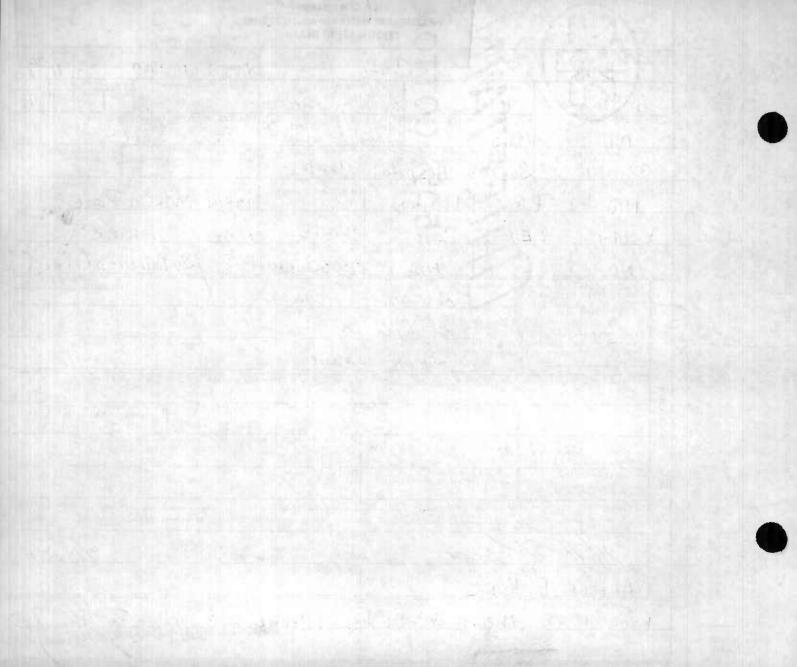
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME O. DATE KNOWN MONTH 26 HOUR TYPE OR PRINT) ESTI-DEATH MATED 4 RACE DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR IF UNDER 24 HRS DATE AST BIRTHDAY) PRONOUNCED DEAD TO BIRTHPLACE ISTATE OR 9. BALTIMORE CITY OR GOUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY DIVORCED WIDOWED FILED, V 301 W. 0. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION STYPE OF WORK 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY WIEMAKE USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS 21201 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE FIRST 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT ADDRESS DIVISION IYES, NO, OR MUKNOWN) (IF YES GIVE WAR OR DATES) 18. CAUSE OF DEATH (Enter only one cause per line for (g), (b), and (c).) APPROXIMATE INTERVAL Two Carked Vascu BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. HEALTH AND PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 gr CERTIFICATION USED 196. DATE OF OPERATION 196, CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? OF VARDED TO THE CHII AGE 3 SHOULD BE US ATE DEPARTMENT OF 201 PRIOR TO BURIAL, YES NO I 21g. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, 211, LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN WHILE COUNTY STATE WHILE AT WORK ULD BE FORW DIRECTOR: PA 220. I certify that I taak charge of the remains described above, held an Autapsy Inspection and in my apinian death resulted fram: Natural causes Accident Hamicide Undetermined manner TITLE (SPECIFY) EXECUTE THE C PAGE 4 SHOUI TO FUNERAL D AFTER DEATH, V BALTIMORE, MA ACTUAL M.D. Deputy SIGNATURE MEDICAL EXAMINER ADDRESS 5009 Rayburn Ct., Camp Springs, Md. EXAMINER'S NAME P. Rodryguez M.D. Augusto (TYPE OR PRINT) 230 BURIAL CREMATION REMOVAL 236 DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d. LOCATION 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE **DHMH** - 17 (VR A15 ME (5)) 15M 7/77

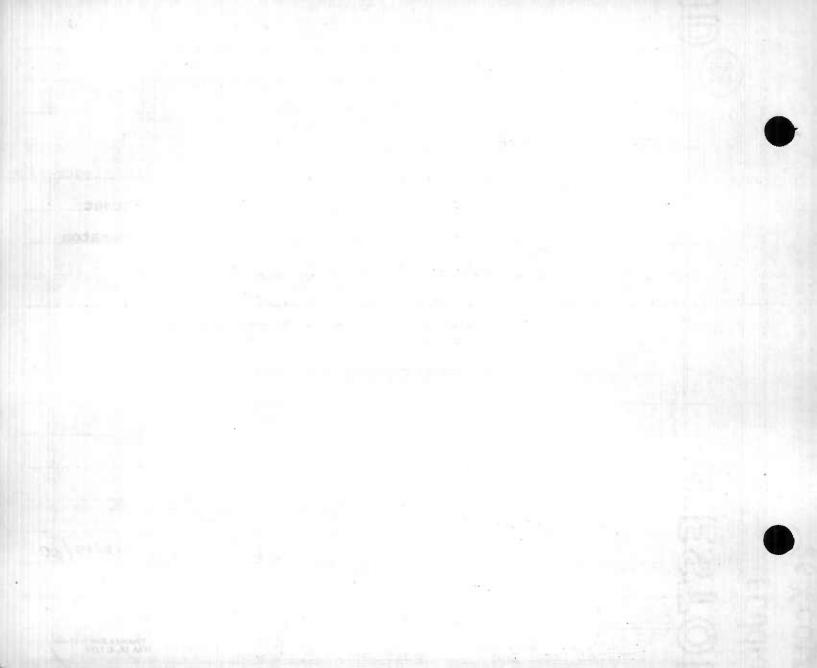




	1	FOR - STATE REGISTRAR	STATE OF MAR' DEPARTMENT OF HEALTH AN CERTIFICATE O	D MENTAL HYGIENE	0 8 1 5 REG. NO.	
e o t		CEASED NAME FIRST BADY	MIDDLE LAST	March	ATH MONTH DAY YEAR 26 H	30,
poge 3 er death	3. SI		FACE S DATE OF BIRTH	6 AGE (IN YEARS		DER 24 HRS
ector, rs aft	L	Male	Black March 10,	1980	MONTHS DAYS HOU	RS MIN
he funeral dir. within 72 hou fed at once.		SIRTHPLACE ISTATE OR FOREIGN	CITIZEN OF WHAT COUNTRY?	R MARRIED 19 BALTIMORE	CITY OR COUNTY OF DEATH	, MD.
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ii 2	14. F	. / 1 /	15. MOTHE	ER'S MAIDEN NAME	IDDLE LAST	
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Poges 1			VAR OR DATES) N/A 7503	Surratts RD	So.MD. Hosp. Cent	ek Jaw
d by the attending physici lease remove carbon paper ial, cremation, ar remaval. or ather traumatic event, th		PART I. DEATH Enter onl PART I. DEATH WAS CAUSEI Conditions, if ony, which gove rise to immediate couse to storing the underlying couse lost	Kre VIORTIOU F	R	APPROXIMATE II BETIWEEN QNSET	AND DEATH
Then plant to bur	NOI	PART 2 OTHER SIGNIFICANT C	onditions <u>contributing to death</u> but not relat	TED TO THE TERMINAL DISEASE O		
rgiene pric	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PER		IN CERTIFYING CAUSES OF D	ISED EATH?
Mental Hygiene prior or Item 18 shaws any in		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER)		'INJURY OCCURRED (ENTER NATURI	OF INJURY IN ITEM 18, PART 1 OR PART 2)	
e as the bu	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	216 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21f LOCA STRE		Y OR TOWN COUNTY	STATE
	12	sow the deceased alive an	1) attended the deceased from, and that in (n	ny) (our) opinion death accurred o	n the date and hour and from the cause	l) (we) last
L DIRECTOR stoched for u te Dept of He if frem 21 is		Shove. Ill (we) idid not	DEGREE	ATTENDING MEDICAL PHYSICIAN DIRECTOR	STAFF 22c. DATE SIGN	
should be deto		224. PHYSICIAN'S NAME (TYPE OR	RINT) 220. ADDR		rnisician 17/3/	00
o ship w	230.	BURIAL, CREMATION, REMOVAL	236. DATE 23c. NAME OF CEMETERY C	DR CREMATORY 23d LOCATIO)N	CY.77
	-	Removal	March 11,1980 So. Mp. Hospita	Central 2503.	Surratts RD PG	ThD
50M 7/77	24 F	UNERAL DIRECTOR	ADDRESS	250. DITTE NE OLD, MY REG	R 256 REGISTRAP'S SIGNATURE	du



	1	FOR STATE REGISTRAR	DEPA		EALTH AND MENTAL HYGI ICATE OF DEATH	REG. N) 8 1	16
13	I DE	CEASED NAME FIRST Gener	oso Henry	CAV	AST	20 DATE OF DEATH March	MONTH DAY YE	
У	3 SE		4 RACE	5 DATE C		AGE (IN YEARS LAST BE		YEAR IF UNDER 24 HRS
		Male	White	Nov	21 1914	65	YRS.	DAYS HOURS MIN
		RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUNT	RY? I MARRIE	NEVER MARRIED		OR COUNTY OF DEAT	ТН
75		enna.	USA	WIDOWE	D DIVORCED		George's	M
00	10 0	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU		OR OTHER INSTITUTION	12a. USUAL OCCUPAT (TYPE OF WORK FOR MOST)	TION 12b KI OF WORKING LIFE) INDUS	IND OF BUSINESS OF
5.5		anham	Doctors' Hosp	of Pr	Geo. Co.	Eng.Const	ıltant F	Electron
a ano	13a	AL RESIDENCE (IF NURSING HOME STATE 136 CO	OR OTHER INSTITUTION, GIVE RESIDENCÉ E JNTY 13c. CITY OR T	EFORE ADMISSION)	134 INSIDE CITY LIMITS?	13. STREET ADDRESS		
ES 5		rginia A	rl. Arlin	gton	YES K NO	1600 S. 1	Eads Stre	et
E .	14, E.	ATHER'S NAME	MIDDLE LAST		IS MOTHER'S MAIDEN NAM	AE MIDDLE		LAST
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3		VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, G	ME WAR OR DATES)		17 INFORMANT	ADDR	ESS	
		No	132 0	5 8347	Alicia E. C	aval		s #13
£ È		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAUS	only one couse per line for (art) (b	te Ke	1. Ja. C.	110	BET	PPROXIMATE INTERVAL WEEN ONSET AND DEATH
è		IMMEDI	ATE CAUSE (0)	100 / 0		2		
пастави		15 10	DUE TO, OR AS A DONSE	OUENCE OF	16-17	Rancio	a	
		Conditions, if any, which	(b) Carle	alar B	- rear	V COLE	7	
		couse (a), stating the	DUE TO, OR AS A CONSE	OUENCE OF				
		underlying couse lost	(c)					
ınlury, ar	Z O	PART 2 OTHER SIGNIFICAN	CONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERMI	INAL DISEASE OR COM	IDITION GIVEN IN PA	RT 1(o)
1	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WE	HICH OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES ₹ NO □	20b. IF YES, WERE F IN CERTIFYING CA YES	
S S S S S S S S S S S S S S S S S S S	1 🖁	21a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		21c HOW INJURY OCCURR			
7		OR CONTRIBUTING CAUSE OF D		DAY YEAR				
£ 1	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY		211 LOCATION			
1	¥	WHILE WORK AT WORK	JAT HOME, STREET, PAGTORY, OF	TICE PARM, ETC.)	STREET	CITY OR TO	own COUNT	Y STATE
5		70.00	pi/ol: attended the deceased fro	Febru	ary 26 10 80	march	19 10 80	, that (I) (we) la
2		saw the developed plive of			nd that in (my) (our) opinion d		.,,	
1		22b. SIGNANURE	bt wey the body after death.		DEGREE			DATE SIGNED
		TELLER	1 seno	9	ATTENDING	MEDICAL STA	EE -	119/80
¥	1	224. PHYSICIAN'S NAME (TYPE	OR PRINT)		22e ADDRESS	A ball		
NA CAL		BENJAMIN P	ECSON, M.D.		6106 Old Si	lver Hill H	Road, Distr	rict Hts,
5	23a.	BURIAL, CREMATION, REMOVA		23c. NAME OF C	EMETERY OR CREMATORY	23d LOCATION		STATE
	C	remation	22Mar1980	Cedar	Hill Cremat	orv Suit	tland PG	
4.4		UNERAL DIRECTOR			250. QATA	PEC'D BY REGISTRAP	25h. REGISTRAR'S SIG	少世级
/7B		"Robert E.			and Md	10 0 0 1180	har Landy	Tourny
	-	Funeral Ho	me inc	Surer	and, Mdl			



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME MIDDLE DATE KNOWN MONTH DAY TYPE OR PRINTI Suet DEATH MATED YOUR FILES.
IN 72 HOURS
TON STREET, SEX 4 RACE 5 DATE OF BIRTH 6 AGE IN YEARS IF UNDER 1 YR. IF LINDER 24 HRS DATE 2d. HOUR LAST BIRTHDAY) PRONOUNCED himiss DEAD 5 TO BIRTHPLACE, ISTATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED IGN COUNTRY) hina WIDOWED DIVORCED FILED, \ ID. CITY OR TOWN OF DEATH 11-NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12ª USUAL OCCUPATION (TYPE OF WORK PAGE OR INDUSTRY Housewife At home ULD BE 136 COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Prince George 3004-Vicerov Avenue Maryland Berkshire YES K NO [14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST Unknown LAST Unknown Quan 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. 17. INFORMANT ADDRESS Owings, Md. 20836 577-70-5272 Jl Tin Fook Chin(Son) 8510-Wild Game Lane No DIVIS CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I DEATH WAS CAUSED BY entre Cardid pascular disease IMMEDIATE CAUSE (9) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d) CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? BURIAL, YES . NO [210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH PRIOR 21d. INJURY OCCURRED 218 PLACE OF INJURY (AT HOME II. LOCATION STREET, FACTORY, FARM, ETC.1 WHILE CITY OR TOWN COUNTY STATE WHILE AT WORK AT WORK 22a. I certify that I took charge of the remains described above, held an Autopsy Inspection ARYLAND, TO MEDICAL EXAMIN
EXECUTE THE CERTIFIC
PAGE 4 SHOULD BE
TO FUNERAL DIRECTOR
AFTER DEATH, WITH THE BALTIMORE, MARYLAN death resulted fram: Suicide Hamicide Natural causes Undetermined manner Deputy ACTUAL 3-21-80 SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME Augusto P. Rodriguez M.D. 5009 Rayburn Ct., Camp Springs Md. 20031 TYPE OR PRINT 230 BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Mar.24,1980 Fort Lincoln Cemetery Burial Brentwood, Maryland BP 24. FUNERAL DIRECTOR **DHMH-17** J. Wm. Lee's Sons Co. 300-4th St., NE, Wash., D.C. (VR A15 ME (5)) 15M 7/77

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& ·	FOR T- STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYDIENE CERTIFICATE OF DEATH	0 8 1 1 9 REG. NO.
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ge 4 moy	3. SEX Male	4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS Dec. 17, DAY 1905 74	
deoth Page	7e BIRTHPLACE ISTATE OR FOREIGN COUNTRY) China	76 CITIZEN OF WHAT COUNTRY? 8 MARRIED 1 NEVER MARRIED 9. BALTIMORE	CITY OR COUNTY OF DEATH
ofter de ofter de within ed within	O CHY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120. USUAL OC	CUPATION Det 12b. KIND OF BUSINESS OR ROST OF WORKING LIFE INDUSTRY T-Exporter Self-Employed
FIEI Pours		E OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) DUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET ADI	DRESS
VOT I d within 3 mpletely fi and 2 shoi	14. FATHER'S NAME FIRST Kit	MIDDLE LAST IS. MOTHER'S MAIDEN NAME FIRST A	3rd. Ave.
ER Nond con Poges to	160. WAS DECEASED EVER IN U.S.		han Young ADDRESS 13027 Bellevue St. Beltsville, Md.
IDS, 301 W. PRESTON ST., E IEDICAL EXAM quires that the death certific signed by the attending phy then please remove carbon pe to burial, cremotion, or remo njury, or other traumatic even	Conditions, if ony, which gove rise to immediate couse (a), stoting the underlying couse lost. PART 2 OTHER SIGNIFICAN	DUE TO, OR AS A CONSEQUENCE OF CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF	R CONDITION GIVEN IN PART 1(0)
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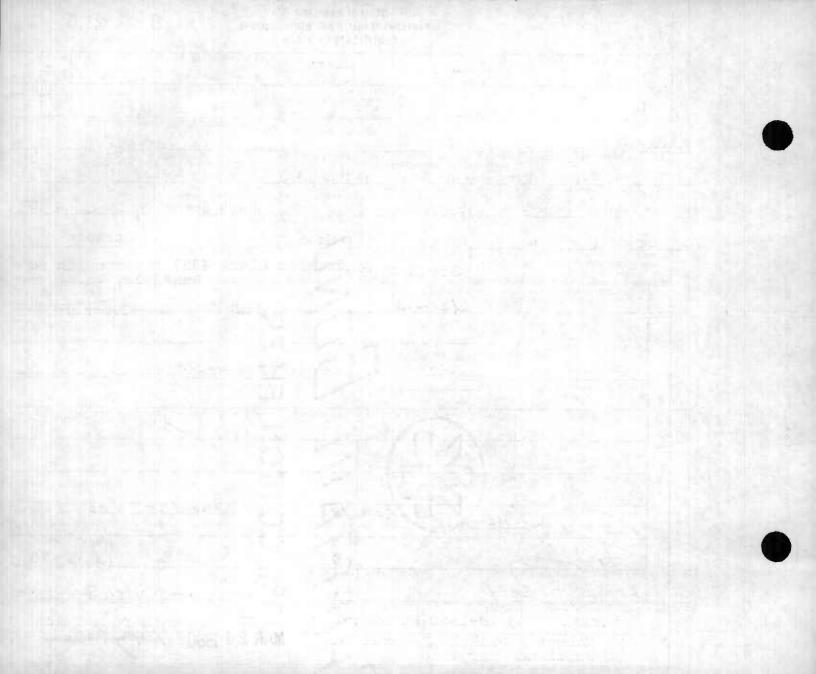
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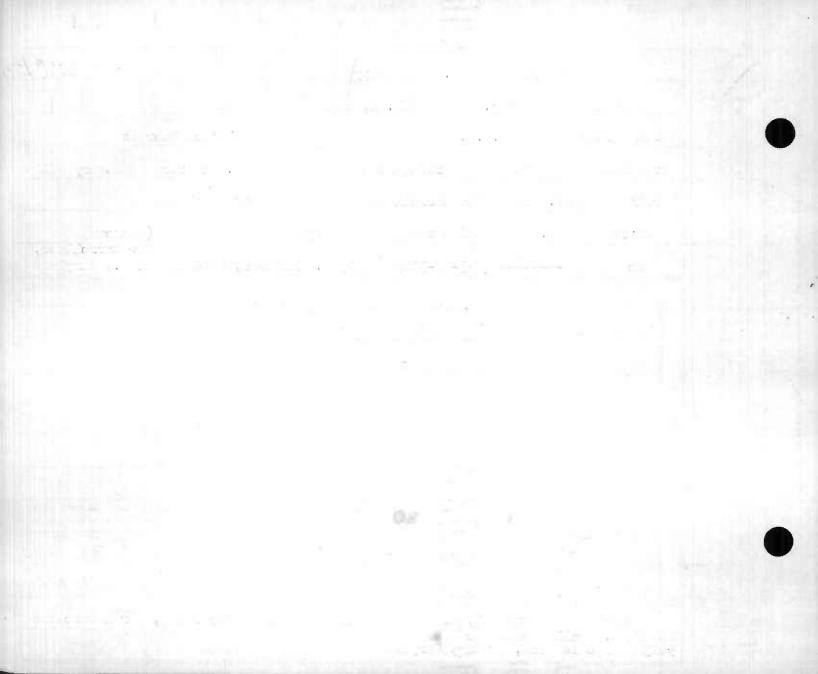
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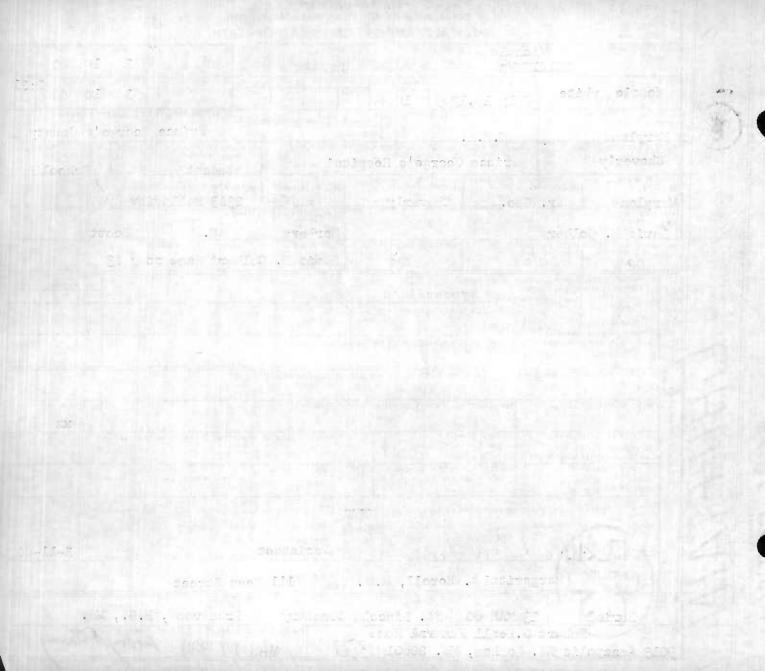


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME 20 DATE OF DEATH MONTH 76 HOUR (TYPE OR PRINT) Arthur Cline H. March 1, 1980 8:13P. S. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) 4 RACE IF UNDER LYEAR IF UNDER 24 HRS. 3 SEX March 22, 1906 DAYS HOURS Male White 73 BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE ISTATE OR FOREIGN 7h CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED N.J. U.S.A. Pr. Geo. Co. WIDOWED DIVORCED [CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 12h KIND OF BUSINESS OR F NOT IN SUCH FACILITY, GIVE STREET ADDRESS! (TYPE OF WORK FOR MOST OF WORKING LIFE) Dept. of Cheverly Geo. Gen. Hosp. Retired USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Agriculture P.G. 136 CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS and over Hillsys X Md. 3813 64th. Ave. 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE Russell Van Steenbugh Cline Ella ADDRESS 5013 56th. Place BALTIMORE, 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) HE YES, GIVE WAR OR DATEST Roger Heights, Md. Helen Taylor 578-26-8618 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate couse ia, stating the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT CERTIFICATION 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? ă IN CERTIFYING CAUSES OF DEATH? burial-transit p 710 ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 214 INJURY OCCURRED TIE PLACE OF INJURY III LOCATION CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK AT WORK 22a.1 certify that (1) (this haspital) attended the deceased fram sow the deceased alive an and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated should be detached f with the State Dept. o 22h SIGNATURE 22c. DATE SIGNED ATTENDING MEDICAL STAFF 3-3-80 PHYSICIAN TO DIRECTOR PHYSICIAN MPORTANT 27d PHYSICIAN'S NAME (TYPE OF PRINT) 72+ ADDRESS Don B. Cameron, M.D. 6490 Landover Rd. Cheverly, Md. 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION 230 BURIAL CREMATION REMOVAL 23b. DATE STATE Burial Ft. Lincoln Cemetery Brentwood 3-6-80 P.G. Md. BY REGISTRAR 256 APC IS DAR'S SCH 24 FUNERAL DIRECTOR DHMH - 16 50M 1/76 Gasch's Sons F.H. P.A. Hyattsville, Md. (VR A 15 (4))

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL BYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME LAST 20 DATE OF DEATH 2h. HOUR (TYPE OR PRINT) March 6,1980 David Connors 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) 1. SEX 5 DATE OF BIRTH IF UNDER I YEAR IF UNDER 24 HRS DAYS March 9,1909 HOURS Male White 7a. BIRTHPLACE (STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Minn USA Prince George's WIDOWED DIVORCED [IO CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE)
Policeman Ret. Pr. Georges Gen 1 Hosp INDUSTRY Cheverly DC Police Dept USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13e STREET ADDRESS 4804 Osage Street Pr. Geo's College Park 13d INSIDE CITY LIMITS? Maryland 2 sh 4. FATHER'S NAME 5 MOTHER'S MAIDEN NAME MIDDLE FIRST MIDDLE moxa David Agnes O'Connors Connors 160 WAS DECEASED EVER IN U.S. ARMED FORCES 17 INFORMANT 166 SOCIAL SECURITY NO (IF YES, GIVE WAR OR DATES) (YES, NO OR UNKNOWN) 219-36-7729 Catherine L. Connors (wife) same as blk 920-1932 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)
PART I. DEATH WAS CAUSED BY. 116115667 IMMEDIATE CAUSE (0) W. PRESTON ST. 2, 2012 Conditions, if any, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to DIVISION OF VITAL RECORDS, CERTIFICATION priar 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? ntol Hygiene shows 71n ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL 0 (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 Me 21d IN JURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE NOT WHILE WHILE AT WORK 22a.1 certify that (1) (this hospital) attended the deceased fram. sow the deceosed alive on above (Diwe) (did) did not) view the body after death and that in (my) (aur) apinion death occurred on the date and hour and from the causes stated 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL should be deta with the State [March 7.1980 PHYSICIAN A DIRECTOR PHYSICIAN MPORTANT: 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS Centerway, Greenbelt, Md. 23d. LOCATION 23a, BURIAL CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23b. DATE STATE Burial 3/8/80 Gate of Heaven Silver Spring Mont Md. 24 FUNERAL DIRECTOR DHMH - 16 50M 1/76 (VR A 15 (4)) Francis Gasch's Sons, PA Hyattsville, Nd.

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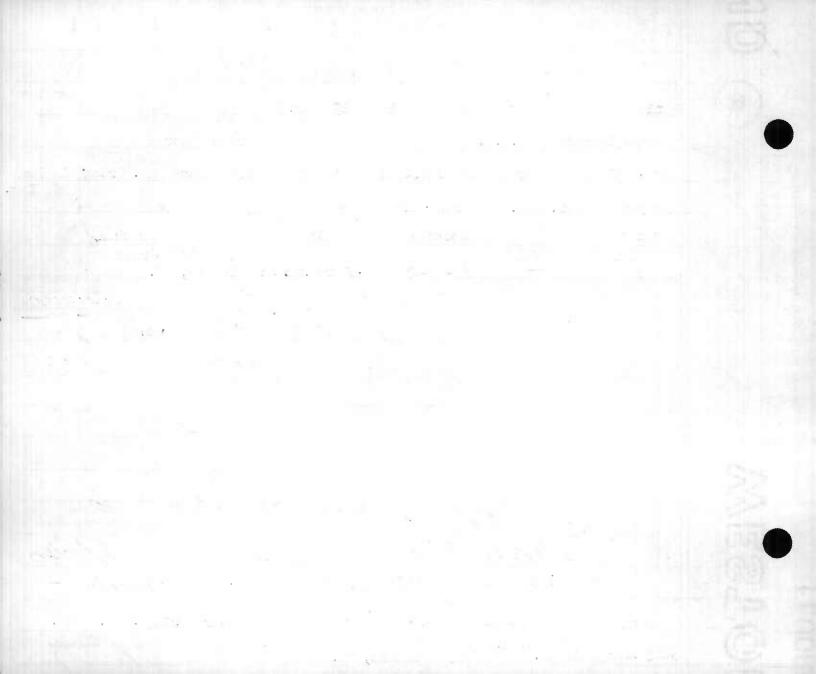
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DHMH-16 20M		00	NAME DIRECTOR]	Beall F	uneral	H_ ADDRE	ss ki		MAI		7 1980	CARTZSB. REAS	PANTA S	Cready
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3. SE	x male	4. RACE black	5. DATE OF BIRTH MONTH DAY Oct. 20	YEAR LAST BIRTHDAY)	IF UNDER 1 YR. IF UNDER 2	MIN. PRONOUNCED DEAD	3 27 ₁₉ 80 5:
f	SIRTHPLACE OREIGN COUNTRY	Md.	76 CITIZEN OF WH	A. W	MARRIED NEVER MARRIE	Prince Ge	ecounty of DEATH
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	STATE	d. 13b. COUP	NTY	residence before admission) 136. CITY OR TOWN Adelphi	13d. INSIDE CITY LIMITS? YES NO	2210 Phelps F	Road
		illie Cou	rtney, Jr.			ara J. Matthews	
160.	WAS DECEAS YES, NO, OR UNKI		RMED FORCES? E WAR OR DATES)	None		address ourtney (Mother	
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		FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE) MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	3 4
6		CEASED NAME CAYON	MIDDLE LAST 20 DATE KNOWN CO MONTH	DAY YEAR 26 HOUR
	3. SE	male White	S. DATE OF BIRTH MONTY: DAY YEAR LAST BETTHDAY) MONTHS DAYS HOURS MIN. PRONOUNCED DEAD 3 - 6	DAY YEAR 24 HOUR
35	FC	RTHPLACE (STATE OR REIGN COUNTRY) Maryland	U.S.A. WIDOWED DIVORCED STATES	TY OF DEATH
74	(her every	IT NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Admin. Ass t. D.	OR INDUSTRY C. Government
35	13a. S Ma	ryland Prince	or other institution, give residence before admission) NTY 13c. CITY OR TOWN 13d INSIDE (ITY LIMITS? 13e. STREET ADDRESS e Georges Hyattsville YES NO 5507 Gallatin St	reet
4		Charles		ust kerson
1	16a. V	no -	WAR OR DATES! 216-40-8849 Joseph E. Ernest, 5400 76th	Hyattsville Ave., Marylan
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04.00	MEDICAL CERTIFICATION	210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF I	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR DEATH P.M. 19	
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2		death resulted fram: Natural ACTUAL SIGNATURE	pe of the remains described above, held an Autopsy , Inspection , Inquiry , and in my of ral causes , Accident , Suicide , Hamicide , Undetermined monner , TITLE (SPECIFY) M.D. Deputy MEDICAL EXAMINER SIGNINGS SIGNINGS SIGNINGS SADDRESS	3-7-80
	(5		March 10,1980 Cedar Hill Cemetery Suitland, Maryla	nty state nd
	RE	bert G. Beall 1 013 Annapolis 1	250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S	MeCready

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	T. NA.	14. F.	ATHER'S NAME			15. MOTHER'S MAIDEN N	IAME	
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ORE		16a. V	WAS DECEASED EVER IN U.S. AR		166. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS	
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	ME BE LAN		death resulted from: Natur	rol causes ,	Accident, Suicide	, Homicide U	Indetermined monner	
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	TO MEDICAL EXAMPLE THE CERTIFE A SHOULD FAGE A SHOULD TO FUNERAL DIRECT FOR SHITMORE, MARYL.		EXAMINER'S NAME AUBUS	to P. Rodr	riguez W.D.	5009 Ray	burn Ct., Camp S	prings, Md.
	PAG PAG PAG BAL	23a. B	URIAL, CREMATION, REMOVAL	23b. DATE	23¢. NAME OF CEMETERY C		3d. LOCATION CITY OR TOWN	
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an. cate has bee it permit. Tygiene prior 18 shows an	CERTIFICATION	190 DATE OF OPERATION	196 CON	DITION FOR WHICH	OPERATION WAS PER	FORMED	200 AUTOPSY?	70h. IF YES, IN CERTIFY YES		NGS USED S OF DEATH?
SICI, ysicil rertifi trans tal H Item		218. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE ((IF EITHER, NOTIFY MEDICAL EXAM	OF DEATH HOUR	OF INJURY A.M. MONTH DA P.M.		INJURY OCCUR	RED JENTER NATURE OF INJU	RY IN ITEM 18, PA	RT 1 OR PART 2)	
NG ndin	MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLAC	E OF INJURY STREET, FACTORY, OFFICE, F.	21f. LOCA STRI	TION	CITY OR TO	WN	COUNTY	STATE
TEN or a Use a Heal		220 1 certify that (I) (this saw the deceased aliv	re an 19 101	26H 27 19 8	O, and that in (r	ny) (que) apinion	death occurred on the d			that (II. (we) I
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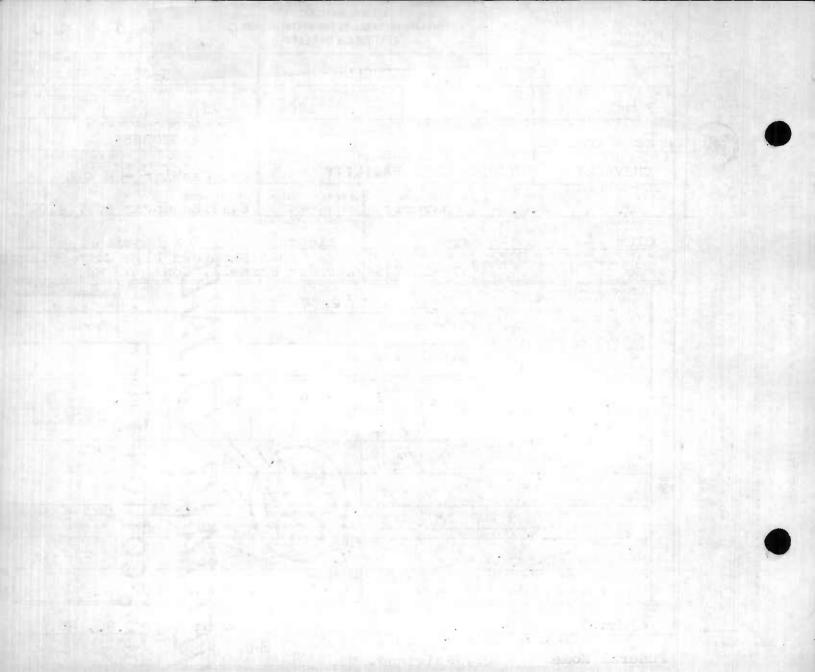
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PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	16	WAS DECEASED YES, NO, OR UNKNO	EVER IN U.S. ARM	MED FORCES? WAR OR DATES)	66. SOCIAL SECURI	TY NO.			n Cur	ningh			Str	reet	N.E
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	MEDI			STREET, FACTORY,						CITY OR TO	WN	C	OUNTY		STA
22a. I certify that I took charge of the remains described above, held on Autapsy XX Inspection . Inquiry . and in my opinion			AT WORK	k street				t Roa	ıd,	Green	nbelt	, Pri	nce (Geo,	MD
		deoth resulte	d from:	ol causes , Acc	ident XX, S	vicide L			Undet	ermined mo	anner				
death resulted from: Heatral causes Accident XX, Suicide Homicide Undetermined manner		ACTUAL SIGNATURE_	THE	owner		N			t MED	ICAL EXAA	AINER	DATE	IED3	3/30/	/80
TITLE (SPECIFY)			NAME HO	ormez R. Gu	ard, M.D	•	ADDRESS	111						2120)1
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ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER SIGNED 3/30/80 EXAMINER'S NAME (TYPE OR PRINT) 111 Penn Street, Balto., MD 21201 1236, NAME OF CEMETERY OR CREMATION, REMOVAL 236, DATE (SPECIFU) 1236, NAME OF CEMETERY OR CREMATORY CITY OR TOWN 1236, NAME OF CEMETERY OR CREMATORY CITY OR TOWN 1236, LOCATION CITY OR TOWN 1356, LOCATION CITY OR TOWN 1236, L				Appress C.	מ זו	1-	D C	250. DATE	REC'D. BY	REGISTRA	R 25b. RP	ISTRAR'S	规比	REdy	
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SHAPELENEL CHELLER A MANAGE

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO I DECEASED NAME MIDDLE 2a. DATE OF DEATH 26. HOUR (TYPE OR PRINT) Mildred Curry 1980 March 3 SEX 4 RACE IF UNDER 24 HRS 5 DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR MONTH 1930 Female March Caucasian TE BIRTHPLACE ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED TO NEVER MARRIED COUNTRY Virginia U.S.A. Prince George's WIDOWED DIVORCED [IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 126 KIND OF BUSINESS OR IN SUCH FACILITY, GIVE STREET ADDRESS) Staffing Ass t. Nava I Forest Heights Research USUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Maryland P 2 Pr. George Forest Hgts. 110 Seneca Drive 134 INSIDE CITY LIMITS? IL FATHER'S NAME IS MOTHER'S MAIDEN NAME Preston Bryant Headley Pearl 166 SOCIAL SECURITY NO. 110 Seneca Drive 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT oun (YES, NO OR UNKNOWN) I I IF YES, GIVE WAR OR DATES! 579-38-2408 Gene F. Curry Forest Heights, Md. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY Glioblastoma Multiforme with Hypo-90davs IMMEDIATE CAUSE (a) thyroidism and right hemiparesis Conditions, if any, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause and urinary tract infection. 0 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS, 0 Hypertensive cardiovascular disease and Hyperlipemia. CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? OR: After this certificate hause as the burial-transit perm Health and Mental Hygiene NA NA NOIX YES [NO [21m ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21d. INJURY OCCURRED 21s PLACE OF INJURY 211 LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE AT WORK AT WORK 220.1 certify that (1) (probestical) extended the deceased from December sow the deceased alive on the Druary 10 00 on that in above. (1) we will did not view the body after death. February 16 19 80 that (1) (we) lost and that in (my) town apinion death occurred on the date and hour and from the causes stated 22h SIGNATURE 22c DATE SIGNED DEGREE *ATTENDING MEDICAL TO FUNERAL should be detac with the State [ATTENDING MEDICAL STAFF
PHYSICIAN MEDICAL PHYSICIAN 224. PHYSICIAN'S NAME (TYPE OF PRINT) 22. ADDRESS 6905 Baltimore Boulevard Chin-Chuan Hsu. M. D. College Park, Md. 20740 231 NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION REMOVAL 23d LOCATION 23h. DATE Burial STATE 3/18/80 Washington National Cen. Suitland Md. Pr. Geo. ADDRE 6160 Oxon Hill Rd 250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH-16 25M George P. Kalas Funeral Home Oxon Hill, Md. 1980 (VRA 15, 4) 1/79

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n please remove carbon pa ouriol, cremotion, or remov y, or other troumatic event	7	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE IMMEDIA Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT of PART 2.	DUE TO, OI	FLU. R AS A CONSEQUE R AS A CONSEQUE	SYA NCE OF	DROM 5	NINAL DISEASE OR CON	ADITION GIVER		MATE INTRIVAL
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STATE OF MARYLAND

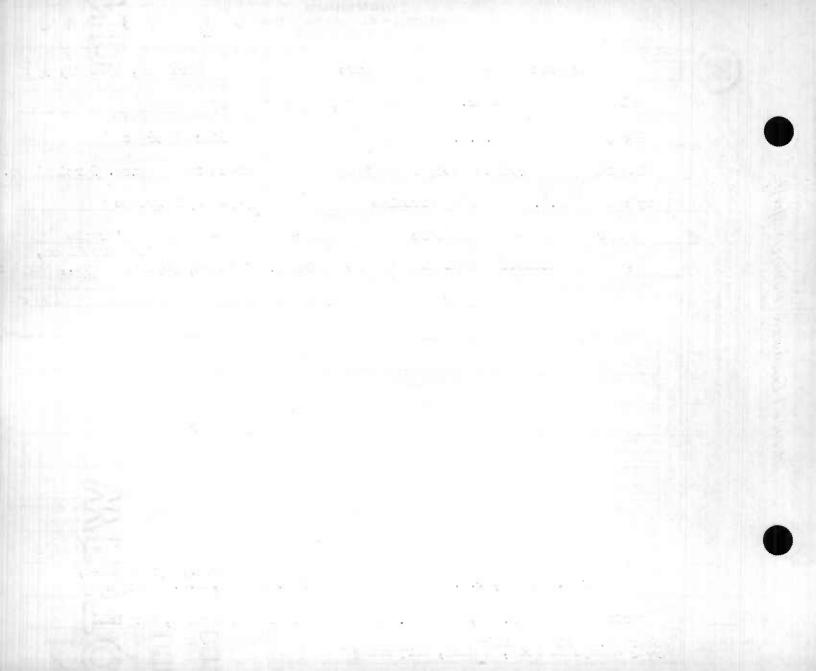
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iow requires that the same state of the same state of the serial Then please rereprior to burial, creme para to burial, cremes any injury, or other	CERTIFICATION	PART 2 OTHER SIG	e lost.	(c)		DEATH BUT	NOT RELATED TO THE TERM	200 AUTOPSY?	20b. IF YES, IN CERTIFY	WERE FINDI	NGS USED 5 OF DEATH?
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CERTIFICATE OF DEATH

- STATE REGISTRAR REG. NO DECEASED NAME MIDDLE 20 DATE OF DEATH MONTH LAST 2b HOUR LTYPE OR PRINTS 1980 Carl March H. Dorton 3 SEX 4 RACE 5 DATE OF BIRTH 6. AGE LIN YEARS LAST BIRTHDAYL IF UNDER LYFAR MONTH White 29 1915 64 Male Aug. Ja. BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Prince George's West Virginia USA DIVORCED WIDOWED II. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION 12h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Prince George's Hospital Conductor - Railroad Cheverly USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130 STATE 134 COUNTY 13e STREET ADDRESS 13d. INSIDE CITY LIMITS? eat Pleasants 6115 Addison Road P.G Md 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST McClure John Dorton Bridie ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT Above 36-09-0055 Shervl L. Colevas, Niece, Same as No APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for to PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE Conditions, if ony, which gave rise to immediate cause (a), stating the

underlying cause lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED

21n ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR (IF EITHER, NOTIFY MEDICAL EXAMINER)

P.M 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 211 LOCATION

CITY OR TOWN

200 AUTOPSY?

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20b. IF YES, WERE FINDINGS USED

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IN CERTIFYING CAUSES OF DEATH?

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sow the deceased alive an SMARCH above. (1) (we) (did) (did not) view the bady after death. and that in (my) (our) apinion death occurred an the date and hour and from the causes stated DEGREE 22c. DATE SIGNED ATTENDING L

ME (TYPE OF PRINT)

23¢ NAME OF CEMETERY OR CREMATORY

22e ADDRESS

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DIRECTOR PHYSICIAN

230 BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIF Burial 3-8-80

NOT WHILE

Wash. Natl. Cem.

Suitland, P.G., Md.

STAFF

Funeral Home

21d INJURY OCCURRED

FOR

24 FUNERAL DIRECTOR RObt E Wilhelm ADDRESS 4308 Suitlan & DATE Rd., Suitland, Md.

220.1 certify that (1) (this hospital) attended the deceased from \$\infty\$

DHMH - 16 50M 7/77 (VRA 15 (4))

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S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. RITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1. RDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. E. 3 SHOULD BE USED AS A BURBAL-TRANSIT PERMIT. PAGES 1 AND 2 E. DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF VITAL PRIOR TO BURIAL, CREMATION, OR REMOVAL.	NO	Canditian gave ris cause (a) lying cau	IMMEDIAT is, if any, which the tall immediate the stating the underselast.	DUE TO, OR A	rowni AS A CONS	ng EQUENCE OF	SSE OR CONOITIO	N GIVEN IN PART	3 1 (a),			067	ween onset	AND DEATH
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TO MEDICAL EXAMINER: 1HS EXECUTE THE CERTIFICATE, WRI PAGE 4 SHOULD BE FORWARR PAGE A SHOULD BE FORWARR PAGE TO FUNERAL DIRECTOR, PAGE AFTER DEATH WITH THE STATE BALTIMORE, MARYLAND, 212011		22a. I certif death resulte ACTUAL SIGNATURE_ EXAMINER'S (TYPE OR PRII	ed fram: Natur	e of the remains desc al causes , All the land	Accident [, Suicide	TITLE (S	Inspection cide	Undetermin	EXAMINER	X.	ny apinian ATE IGNED	3-1	1-80
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Leonard town, Md

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

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	CHEVERLY, IND. PRINCE GEG. HORP. CHED. CTF.
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN DE MONTH DAY 7 HOUR (TYPE OR PRINT) OF ESTI-IF UNDER 24 HRS DATE 24 HQUE YEAR LAST BIRTHDAY PRONOUNCED 2xRS DEAD TO BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED THEVER MARRIED South Carolina U.S.A. WIDOWED [DIVORCED & CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION TYPE OF WORL 126 KIND OF BUSINESS Security Guard None USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 113b. COUNTY 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Maryland Prince George Hvattsville YES X 2417 Lewisdale Drive NO [14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME OF VITA MIDDLE LAST MIDDLE LAST Unknown Unknown DINFOR 2417 Lewisdale Dr. Hyattsville, Tég. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO DIVISION (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Yes Korean Vivian Eaddy (wife) Maryland CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Di Fic Cillheses Canditions, if ony, which gove rise to immediate cause (o) stoting the under-DUE TO OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART \$ (a). CERTIFICATION 196 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TO BURIAL, YES NO 🗆 E 3 SHOULD BE E DEPARTMENT (PRIOR TO BURIA 21g EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH PA 21e. PLACE OF INJURY (AT HOME. 21f. LOCATION STREET, FACTORY, FARM ETC. CITY OR TOWN COUNTY STATE WHILE AT WORK DIRECTOR: F. WITH THE S. WARYLAND, 21 22a. I certify that I took charge of the remains described above, held on Autopsy Inspection deoth resulted from Suicide Homicide Undetermined monner TITLE (SPECIFY) EXECUTE THE PAGE 4 SHOU TO FUNERAL DAFTER DEATH, BALTIMORE, MA Deputy MEDICAL EXAMINER EXAMINER'S NAME AUTUSTO P. Rodriguez M.D. 5009 Rayburn Ct., Camp Springs Md.2003 (TYPE OR PRINT) 23g. BURIAL, CREMATION, REMOVAL 23b. DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d. LOCATION Harmony Memorial Indianove 1 256. REGISTRAR'S SIGNATURE Landover Burial 3/6/80 P.G. Maryland 24 FUNERAL DIRECTOR Latney's Funeral Home **DHMH-17** VR A15 ME (5)) 3831 Ga. Ave NW; Wash. DC 35M 7/77

STATE OF MARYLAND

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME Vernas Echino 20. DATE KNOWN K MONTH DAY 7h HOUR OF ESTI-4 RACE 5. DATE OF BIRTH IF UNDER 1 YR. IF UNDER 24 HRS DATE 2d HOUR PRONOUNCED DEAD Th. CITIZEN OF WHAT COUNTRY? 7n BIRTHPLACE 9. BALTIMORE CITY OR COUNTY New York MARRIED NEVER MARRIED U.S.A. DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 17b. KIND OF BUSINESS Hillcrest Hgts 2703" OXON" RUN" DIEVE OR INDUSTRY HORMOST OF WORING LIFE) USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Maryland 2703 Oxon Run Drive Pr. Geo. Hillcrest Hgts 13d INSIDE CITY LIMITS? NO [18. GIVE PAGES 1, 2, WITH FORM PM 3.

T. PAGES 1 AND 2 SHIDINISION OF WITH R 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Rose MIDDLE Joseph Malchiodi Plate 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (YES, NO, OR UNKNOWN) 070 14 1915 Rose Mary Echino Same as #13 18. CAUSE OF DEATH (Enter only one cause per line for (g), (b), and (c).) APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY elewho andis Verenles de sea DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. AND PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 | 0 | CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? OF BURIAL YES NO BE 3 SHOULD BE DEPARTMENT 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH PAA PRIOR 21e PLACE OF INJURY (AT HOME, 21f. LOCATION STREET, FACTORY, FARM FTC STREET WHILE AT WORK AT WORK CITY OR TOWN COUNTY STATE EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORV TO FUNERAL DIRECTOR: PAFER DEATH, WITH THE ST BALTIMORE, MARYLAND, 21: 220. I certify that I took charge of the remains described above, held an Inspection and in my apinian death resulted fram: Natural causes Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL SIGNATURE Denuty EXAMINER'S NAME Augusto P. Rodriguez M.D. ADDRESS 5009 Rayburn Ct., Camp Springs. Md. (TYPE OR PRINT) 230 BURIAL, CREMATION REMOVAL 23b DATE 23t NAME OF CEMETERY OR CREMATORY 23d. LOCATION Maryland 3-31-1980 Resurrection Cemetery Clinton 24. FUNERAL DIRECTOR RObert E. Wilhelm Funeral Home 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **DHMH-17** (VR A15 ME (5)) Maryland 1980 Suitland 15M 7/77

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D C C C C	CITY OR TOWN OF DEATH Ladensburg LAL RESIDENCE (SIN NINESING MOME OF	11. NAME OF HOSPITAL, NURSING HOMI (IF NOT IN SUCHFACILITY, GIVE STREET ADDRESS) 4213 58th Avenue, R OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISS	Apt. B FOR MOST OF WO	UPATION (TYPE OF WORK) 12th KIND OF BUSINESS OR INDUSTRY NONE
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

FOR

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DHMH-16 25M (VRA 15, 4) 1/79 REGISTRAR

26 HOUR

REG. NO MONTH

IF UNDER I YEAR IF UNDER 24 HRS QAYS HOURS

BALTIMORE CITY OR COUNTY OF DEATH

Prince George's 126. KIND OF BUSINESS OR

C. Gov't

6717 Eilerson Street

Clark Above

Same as APPROXIMATE INTERVAL

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IN CERTIFYING CAUSES OF DEATH? NO F

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COUNTY

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STATE

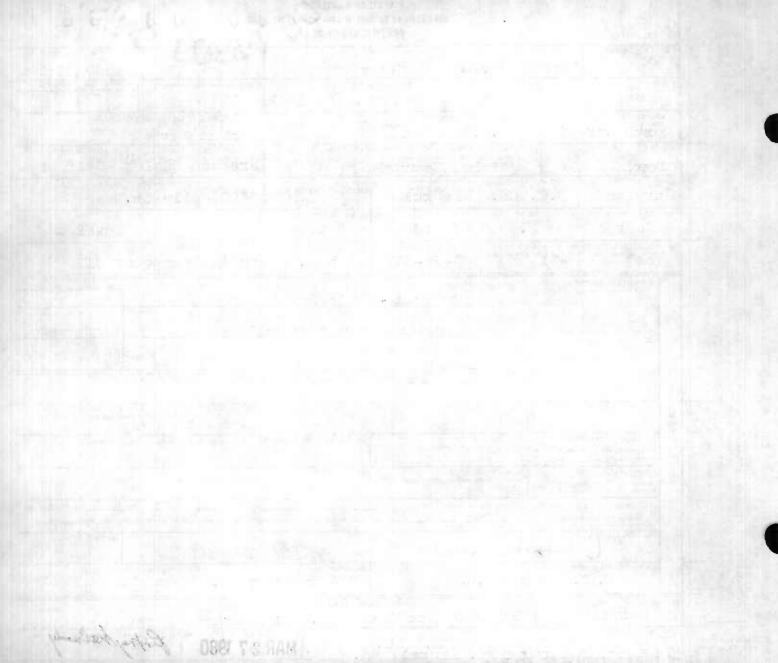
COUNTY STATE Lincoln Cem, Brentwood, P.G.,

BY REGISTRAR 256 REGISTRAR'S STOCK URE

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO L DECEASED NAME 24 DATE OF DEATH MONTH 26 HOUR (TYPE OR PRINT) Robert T.OUIS Edwards 80 11:25p 4 RACE S DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 3 SEX sept. 18. 1902 White Male 77 To BIRTHPLACE (STATE OF FOREIGN 7h CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED W NEVER MARRIED U.S.A. North Carolina Prince George's WIDOWED DIVORCED [IL CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OR Self Emp. (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Produce dealer Riverdale Leland Memorial USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Maryland Laure 134. INSIDE CITY LIMITS? 8406 Holly St. Co. IS MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE Edwards Carrie Edwards George ADDRESS Ma WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT 242-30-3779 Alma L. Edwards same as #13 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Acute cardio-respiratory failure Three days DUE TO, OR AS A CONSEQUENCE OF Subacute cerebrovascular occlusion Three months Canditians, if any, which gave rise to immediate cause to), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20h. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? nsit perm Hygiene NOTA YES [NO I 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH Mental WEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 211 LOCATION 214. INJURY OCCURRED 71e PLACE OF INJURY CITY OF TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 23 Apri. 25 March 10 80 22a.t certify that (1) (this haspital) attended the deceased fram_ 19_80 saw the deceased alive an 25 March above, (I) (we) (did) (did not) view the body after death. and that in (my) (aur) opinion death accurred an the date and hour and from the causes stated 22c DATE SIGNED 22h SIGNATURE DEGREE MEDICAL ATTENDING ourne 26 March, 1980 PHYSICIAN TO DIRECTOR PHYSICIAN 224 PHYSICIAN'S NAME (TYPE OR PRINT) Should be d 22ª ADDRESS C. J. Houmann, M.D. 4404 Queensbury Rd., Riverdale, Md. 20840 234. LOCATION 230 BURIAL, CREMATION, REMOVAL 23b. DATE 231 NAME OF CEMETERY OR CREMATORY Burial 3/29/80 Woodlawn Mem. Park Durham, Durham Co. N.C. 24 FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 25b. **DHMH-16 25M** FLECK LAUREL FUNERAL HOME', INC. 7601 Sandy Spring Rd. Laurel. Md. 2081 MAR 27 (VRA 15, 4) 1/79

STATE OF MARYLAND



iner must be notified of once.

	STATE OF MARYLAND
FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIÈNE (CERTIFICATE OF DEATH
REGISTRAR	CERTIFICATE OF DEATH

8

		REGISTRAR				CERTIF	ICATE OF DEATH			REG. NO.			
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		BURIAL, CREMAT	TION, REMOVAL	23b. DATE	23c	NAME OF C	EMETERY OR CREMAT	ORY	23d. LOCATIO		COUNTY	51	ATE

DHMH - 16 50M 7/77 (VR A 15 (4))

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Funeral Home

3-29-80 New Bern Mem. Gen. New Bern raven N. Wilhelm ADDRESS 4308 Suitland Burial
24 FUNERAL DIRECTO Robt Rd., Suitland, Md

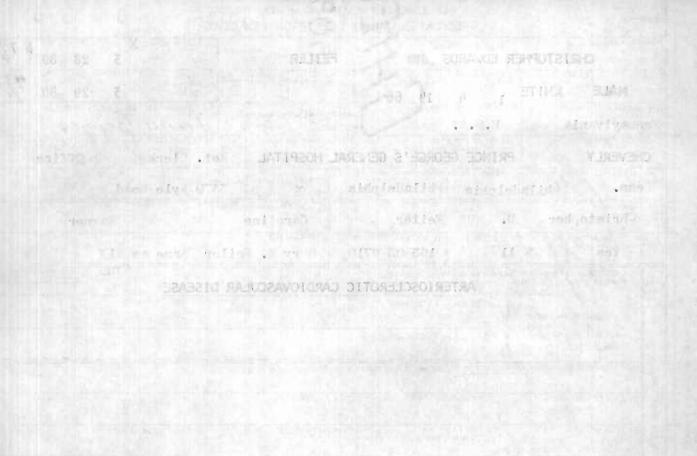
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	1. DEG (TYP) 3. SEX 10. BI 10. CI C USUAA 114. FA	- STATE REGISTRAR 1. DECEASED NAME (TYPE OR PRINT) 3. SEX MALE 10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Pennsylvania 10. CITY OR TOWN OF DEA CHEVERLY USUAL RESIDENCE (IFINIM 130. STATE Penn. 14. FATHER'S NAME Clivistoph 160. WAS DECEASED EVER (YES, NO. OF DEAT PART I DEATH W Conditions, It of gove rise to cause (a) stoting lying couse lost. PART 2 OTNER SIGNIFICAN	- STATE REGISTRAR 1. DECEASED NAME (TYPE OR PRINT) CHRISTOPHER 3. SEX 4. RACE WHITE 10. BIRTHPLACE (STATE OR FOREIGN COUNTY) Pennsylvania 10. CITY OR TOWN OF DEATH CHEVERLY USUAL RESIDENCE (IF IN NUTSING HOME OR OTHER TYPENN. 14. FATHER'S NAME CHEST IS TOPHER (YES, NO. OCCUMENTOWN) 160. WAS DECEASED EVER IN U.S. ARMED FOR (YES, NO. OCCUMENTOWN) 18. CAUSE OF DEATH (Enter only one PART I DEATH WAS CAUSED BY: IMMEDIATE CAU Conditions, If any, which gove rise to immediate couse (o) stoting the underlying couse last. PART 2 OTNER SIGNIFICANT (ONDITIONS CONTRIE	- STATE REGISTRAR 1. DECEASED NAME (TYPE OR PRINT) CHRISTOPHER 3. SEX 4. RACE WHITE 10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Pennsylvania 10. CITY OR TOWN OF DEATH CHEVERLY USUAL RESIDENCE (IF IN NUISING HOME OR OTHER INSTITUTION, GINTAGE OF THE ORDER OF THE ORDE	The constraint of the course o	The country period of the first points of the country period of the period	REGISTAR MEDICAL EXAMINER'S CERTIFICATE O 1. DECEASED NAME (TYPE OR PRINT) CHRISTOPHER S. DATE OF BIRTH MONTH DAY MONTH DAY FOREIGN COUNTRY) Pennsylvania 10. CITY OR TOWN OF DEATH CHEVERLY USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE TOWN OF DEATH TOWN OF DEATH	TATE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. DECEASED NAME (TYPE OR PRINT) CHRISTOPHER EDWARD FEILER 3. SEX MALE WHITE 4. RACE WHITE 5. DATE OF BIRTH LAST BIRTHDAY) MONTHS DAYS HOUBER JAYS HOURS MIN PRONOUNCE DEAD PRONOUNCE DEAD 7. CITIZEN OF WHAT COUNTRY? 8. MARRIED POWORCH WIDOWED DIVORCED 9. BAITIMOR POWORCH RECE PORTOWN PORTOWN OF DEATH RECE WIDOWERD FOR WISONAME POWORCH RECE SENERAL HOSPITAL RECE RESIDENCE BEFORE ADMISSION) 120 USUAL RESIDENCE (IP IN MURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136. LINSIDE (IT LIMITS? ROPE RECE STREET ADDRESS NO STREET AD	STATE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	STATE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.



AUGUSTO P. ROMARCUTT MI.

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO MIDDLE LAST 20 DATE OF DEATH MONTH 1. DECEASED NAME DAY 2b. HOUR (TYPE OR PRINT) H. MILTON **FOHRMAN** MARCH 14, 1980 9:38A M 4 RACE 3 SEX 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS IF UNDER I YEAR White June 274 1886 Male HOURS BALTIMORE CITY OR COUNTY OF DEATH 70. BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED . NEVER MARRIED Prince George's Missouri U. S. A. WIDOWED DIVORCED [ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12h. KIND OF BUSINESS OR NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Animal Geneticity bus Dept. Of Ag. Lanham Doctors' Hospital of Pr. Geo. Co. USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE REFORE ADMISSION)
130. STATE
131_CITY OR TOWN Hyattsville 134. INSIDE CITY LIMITS? 6807 Pineway P. G. Md. 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME 0 FIRST AUDOLE Caroline MIDDLE Heideman Fohrman Henry nedicol 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT 10424 43rd Ave. I (IF YES, GIVE WAR OR DATES) 579-52-4234 Phyllis Herndon Beltsville, Md. Examiner APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH IT CAUSE OF DEATH (Enter only one couse per ling for this, (b), and (c). PART I. DEATH WAS CAUSED BY NUM 117 IMMEDIATE CAUSE, (0), DUE TO, OR AS A CONSEQUENCE OF gove rise to immediate Medical couse 101, stoting AL INSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1100 CERTIFICATION 206. IF YES, WERE FINDINGS USED 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOT YES [21g. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) Hem 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING __ CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 211 LOCATION 214 INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (I) (this haspital) attended the deceased frame. sow the deceased alive on and that in (my) (each opinion death occur of an the date and hour and from the causes stated 77% SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL TO FUNERAL D should be detor with the State D PHYSICIAN TO DIRECTOR PHYSICIAN HYSICIAN'S NAME (TYPE OF PRINT) 72 ADDRESS 3415 Hamilton St., Hyattsville, Md. 20781 ANGUS W. McLAURIN, M.D. 23d LOCATION 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 23b. DATE Ft. Lincoln Cremetory Brentwood, OF. G. (SPECC) remation 3 -15 -80 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **DHMH-16 20M** F. Gasch's Sons, P. A. Hyattsville, Md. (VRA 15, 4) 7/7B

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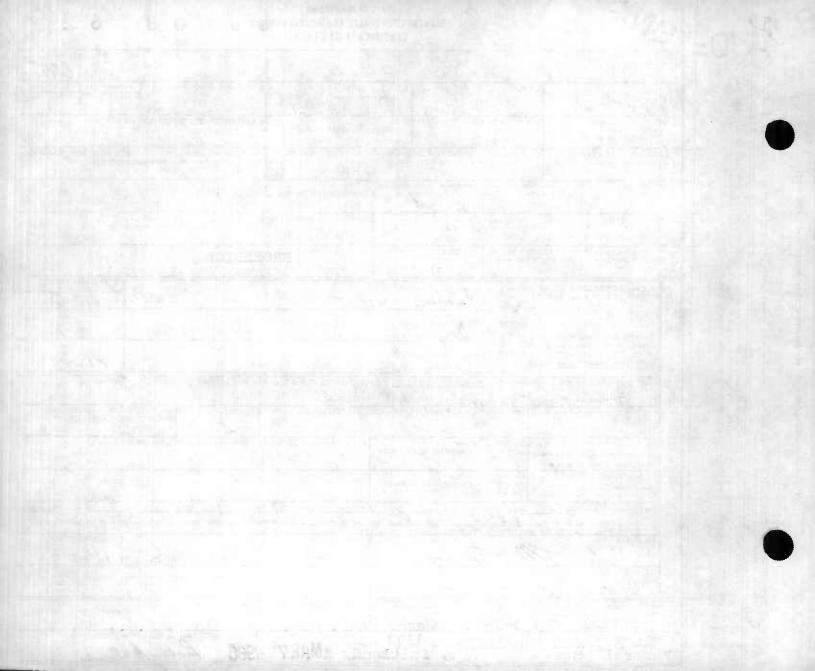
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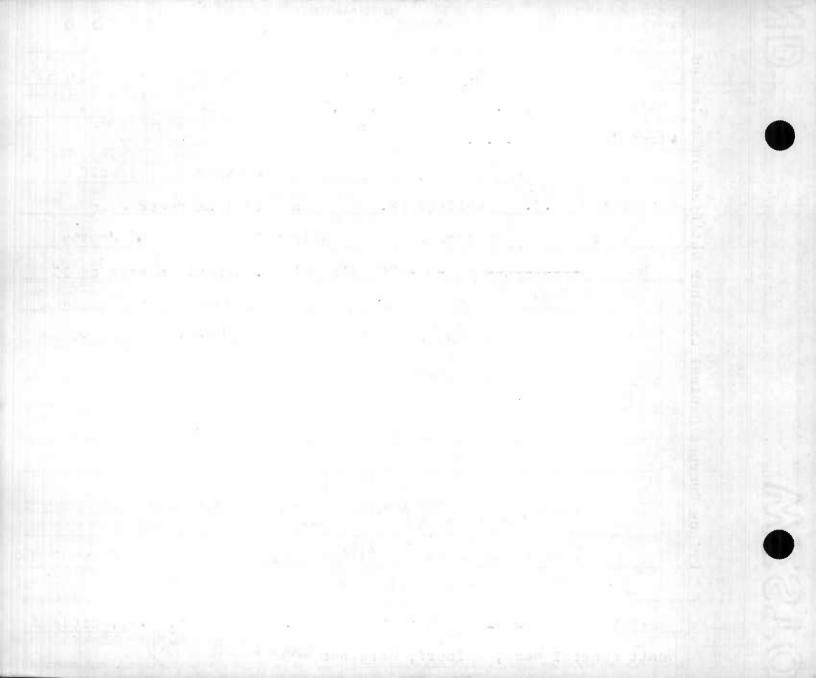
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

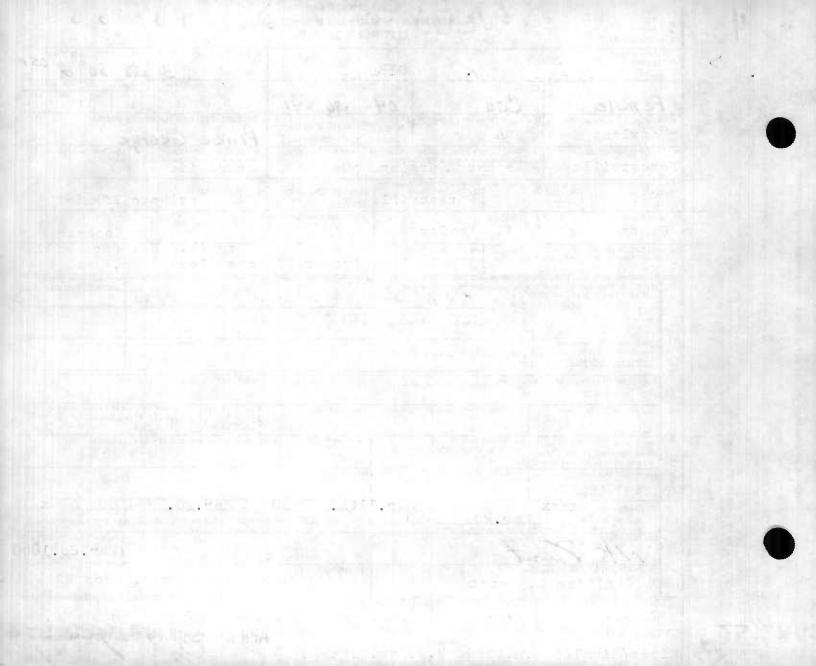
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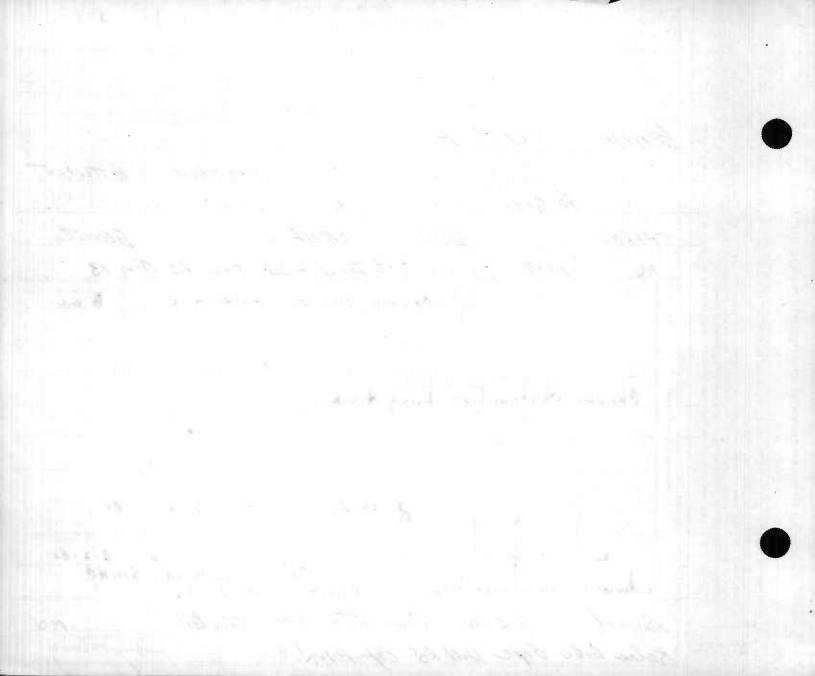
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completely and 2 sho		ATHER'S NAME lenry "	F. Fowler	Susan	MIDDLE	Cooksey
e be exected and and con Pages 1 ;		NAS DECEASED EVER IN U.S. ARM YES, NO ORUNKNOWN) (IF YES, GIVE Y NO		ECURITY NO 17 INFORMANT 108	00 Mayt 100 1 bbons (Son	Rd. Oxon Hill Md.
law requires that the death cert been signed by the attending pher Then please remove carbon paids to burial, cremation, or remise any injury, or other traumatic	TION			OUENCE OF		
N: The ast by permit giene pri	CERTIFICATION	196 DATE OF OPERATION	1% CONDITION FOR WH	IICH OPERATION WAS PERFORMED	YES NO	20%. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
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1 0 - 50 -		22b. SIGNATURE Ju	nt		MEDICAL STAF	mar. 28.19
		224 PHYSICIAN'S NAME (TYPE OR		220 ADDRESS	lian Head	W O W-11
TO HOSPITAL etained by the TO FUNERAL I hould be detact with the State E MPORTANT:		William K				Hywy. Oxon HIII
TO HOSPITA retained by the TO FUNERAL should be dera with the State	(3	William K BURIAL, CREMATION, REMOVAL SPECERY Burial		130 NAME OF CEMETERY OR CREMATORY Cedar Hill Cemet	23d LOCATION CITY OR TOWN tery Suit1	and PG Md.



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	1.	FOR STATE REGISTRAR		STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO	6 /
page 3	TYPE	CEASED NAME FIRST VIOL			3-2-8	DAY YEAR 26 HOUR 12,05 AN
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hin 24 hou ly filled in should be	13a S	MD PR.		WN 134. INSIDE CITY LIMITS? HILL YES NO [130. STREET ADDRESS 582 WILSON	BRIDGE DR
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te be execution and copers. Pages 10.1. the medical		VAS DECËASED EVER IN U.S. AI (16 YES, GO	RMED FORCES? 166 SOCIAL SE VE WAR OR DATES) 162-23		S SAME AS ME	M /3 APPROXIMATE INTERVAL BETWEEN ONSE! AND DEATH
rres that the death certificate by gned by the attending physician in please remave carbanpapers. burial, cremation, or removal. ry, or other traumatic event, the ir		Conditions, if ony, which gave rise to immediate couse (01, stating the underlying cause last.	DUE TO, OR AS A CONSEC	DUENCE OF	MANTAS TATIC	6 mo.
The law require ican. Ite has been sign in permit. Then I green prior to but shows any injury,	CERTIFICATION	ChnoNic Ob		CHOPERATION WAS PERFORMED	IN CERTIF	S, WERE FINDINGS USED YING CAUSES OF DEATH? S NO
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TTEN pital TTOR for us of He		saw the deceased alive a	ot) view the body after death.	DEGREE	n death occurred on the date and hav	224. DATE SIGNED
HOSPITAL hed by the FUNERAL lid be determine State		2 - 1726. PHYSICIAN'S NAME ITYPE ECWINE E. W	OR PRINT) ESTURA, MO	ATTENDING PHYSICIAN 170 ADDRESS 950 Clinken	MEDICAL STAFF DIRECTOR PHYSICIAN D 3 Sunnalts Rd Md. 20735	3-2-80 SMHC
TO BP O SE	23e E	URIAL, CREMATION, REMOVA	3-5-80 23	Resumetion am	23d LOCATION CITY OR TOWNY	COUNTY STATE
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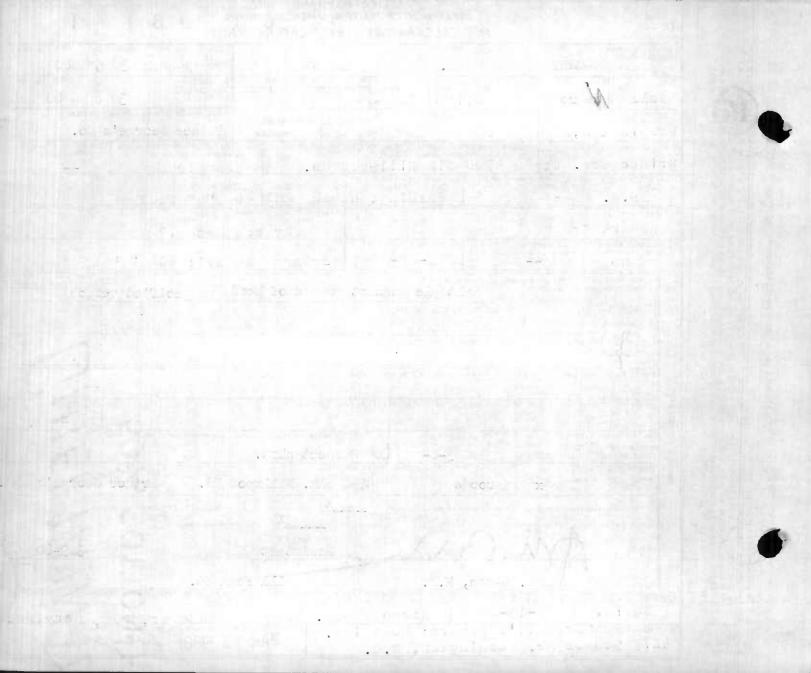
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGLENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME KNOWN 2b. HOUR (TYPE OR PRINT) ESTI-1980 GARY E. GREEN DEATH MATED 6. AGE (IN YEARS | IF UNDER 1 YR. 3. SEX 4. RACE DATE OF BIRTH IF UNDER 24 HRS. 2d HOUR DATE LAST BIRTHDAY PRONOUNCED male Dec 22,1957 80 DEAD 22 Th. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH 70. BIRTHPLACE (STATE OR MARRIED NEVER MARRIED XX Washington, DC USA Prince George's DIVORCED WIDOWED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Prince Geo. Ct 4700 Blk Millwood Rd. unemployed USUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 13o. STATE 13b. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Washington 404 "U" St NW YES X NO [14. FATHER'S NAME 15, MOTHER'S MAIDEN NAME PM. MIDDLE MIDDLE LAST Robert Green Barbara Mackall 17. INFORMANT 16b. SOCIAL SECURITY NO. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) 212-68-4767 Barbara Mackall; 404 "U" no 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) Multiple gunshot wounds of head (unspecified weapon PART I DEATH WAS CAUSED BY: DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 19a. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? TO BURIAL, YES TO NO EXECUTE THE CERTIFICATE. WRITING THE WORDSTATE SHOULD BE FORWARDED TO THE CONTROL BACE 3 SHOULD BE AFTER DEATH, WITH THE STATE DEPARTMENT BALLIMORE, MARYLAND, 21201 PRIOR TO BURIL BALLIMORE, MARYLAND, 21201 PRIOR TO BURI 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING MEDICAL Subject shot. 3-6-19 80 CONTRIBUTING CAUSE OF DEATH 210. PLACE OF INJURY (AT HOME, 21f. LOCATION STREET, FACTORY, FARM, ETC.) 4700 blk. Millwood Rd. Prince George's STAMO. WHILE AT WORK 220. I certify that I took charge of the remains described above, held on Inspection and in my opinion Homicide X death resulted from: Accident Undetermined monner Notural causes TITLE (SPECIFY) M.D. Assistant 3-9-80 EXAMINER'S NAME Ann M. Dixon, M.D. 111 Penn St. ADDRESS 230.BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Burial 3-15-80 Harmony Mem. Park Maryland Landover PGC BP 24 FUNERAL DIRECTOR Marshall's Funeral Home Inc. 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 17 Linkow Mc Cready 4277 9th St NW, Washington, D.C. (VR A15 ME (5)) 15M 7/77



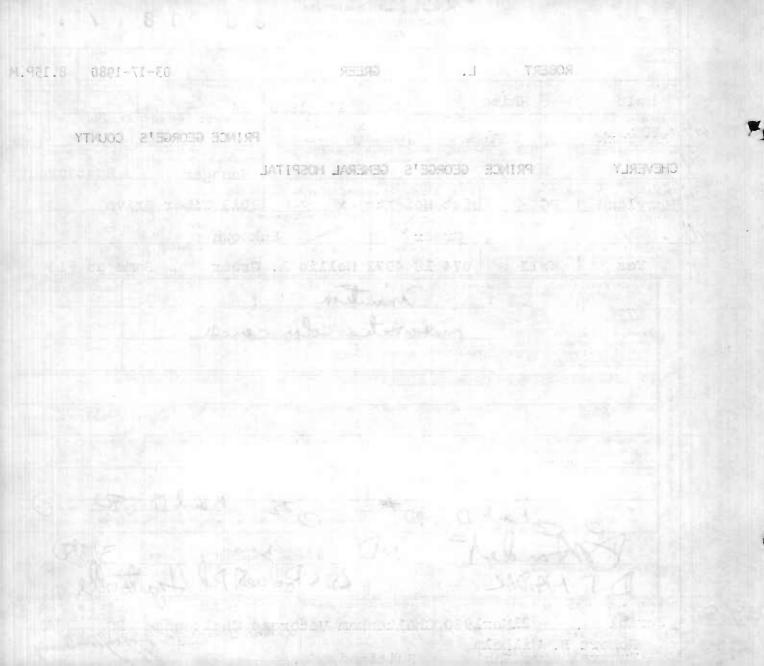
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		Conditions, if any, which gave rise to immediate cause (a) stating the underlying cause last. ART 2 OTHER SIGNIFICANT CONDITIONS ((b) DUE TO, OR AS	A CONSEQUENCE (OF OF		PART 1 (a)				
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGLENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME 20 DATE OF DEATH 26 HOUR (TYPE OR PRINT) 3 SEX 4 RACE DATE OF BIRTH IF UNDER LYEAR IF UNDER 24 HPS & AGE (IN YEARS LAST BIRTHDAY) MONTH YEAR Ta. BIRTHPLACE ISTATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED COUNTRY USA Maryland - EOR WIDOWED DIVORCED [O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Interior Decbrator Nursing Home USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE DMISSION) 1136 COUNTY 13a STATE 134 INSIDE CITY LIMITS? 13e STREET ADDRESS 7901 Marlboro Pike Md. P.G. Forestville YES T NO [14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE William H Griffith Nina Porter 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESame as Above 166 SOCIAL SECURITY NO 17 INFORMANT IYES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 577-10-6902 Marjerite M. Griffith, Wife No APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per lip for to), (b) and ic. PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE IN ACONSEQUENCE OF DUE TO, OR AS Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT POT PELATED TO THE TERMINAL DIMASE OF CONDITION GIVEN IN PART 160 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20h, IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? Hygiene NOT YES T NO [21a ACCIDENT WAS UNDERLYING 716 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 211 LOCATION 21d INJURY OCCURRED 21. PLACE OF INJURY CITY OF TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 579661 STATE NOT WHILE AT WORK AT WORK 220 1 certify that (I) (this hospital) and that in low pointon death occurred by the date and hour and from the causes stated DEGREE 221. DATE/SIGNED ATTENDING MEDICAL STAFF 224. PHYSICIAN'S NAME (TYPE OF PRINT) 22 ADDRESS ld be 23e BURIAL, CREMATION, REMOVAL 23b. DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION 3-12-80 Forestville, P.G., Burial Epiphany Ch. Cem. 24 FUNERAL DIRECTOR RObt E Wilhelm ADDRESS 4308 Suitland 250 DATMER DHMH-16 25M Rd., Suitland, Md. (VRA 15, 4) 1/79 Funeral Home

make original toet the but transfer . T. T Brown outra le daplieta les KELDING C. MINGER OF EREXERPLECTED CONTRACTOR